

No. W 64445

Due no later than July 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

THOMAS JONES M.D. LLC
117 STAR VIEW DR
REXBURG, ID 83440

2. Registered Agent and Office NO PO BOX

THOMAS JONES MD
32 W 1ST S
REXBURG, ID 83440

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Thomas Jones, MD	32 West 1st South	Rexburg	Idaho	83440

5. Organized Under the Laws of:
IDAHO
W 64445

6.

Signature



Date

7-2-08

Name

(Typed or
Printed)

Thomas Jones

Title

Issued 05/02/2008

Do Not Tape or Staple

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