

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

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

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 Thomas Jones Date 7-7-08

Name (Type or Printed) Thomas Jones Title \_\_\_\_\_

Issued 05/02/2008

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Do Not Tape or Staple