

No. W 89096		Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASTHMA & ALLERGY OF SOUTHERN IDAHO, PLLC RICHARD E HENRY MD 800 FALLS AVE STE 2 TWIN FALLS ID 83301		RICHARD E HENRY MD 800 FALLS AVE STE 2 TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	RICHARD E HENRY MD	800 FALLS AVE, STE 2	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89096		Signature: Richard E Henry MD				Date: 10/12/2010	
		Name (type or print): Richard E Henry MD				Title: Manager	
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.					