

No. W 42541	Due no later than Sep 30, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. TREASURE VALLEY MEDICAL CLINICS, LLC TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713		TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713			
			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	TERRY M LITTLE DO	4750 N FIVE MILE RD	BOISE	ID	USA	83713
MANAGER	CARMEN S LITTLE	4750 N FIVE MILE RD	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 42541	6. Annual Report must be signed.* Signature: Carmen S Little Name (type or print): Carmen S Little		Date: 08/18/2011 Title: Manager			
Processed 08/18/2011		* Electronically provided signatures are accepted as original signatures.				