

No. <b>W 43372</b>		<b>Due no later than Oct 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605			
		<b>1. Mailing Address: Correct in this box if needed.</b> TOTAL CARE MEDICAL CLINIC, PLLC SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605 USA		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	
MEMBER	SCOTT R BRESSLER MD	19249 EVENING DRIVE	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 43372</b>		Signature: Scott R. Bressler				Date: 08/26/2011	
		Name (type or print): Scott R. Bressler				Title: Owner	
Processed 08/26/2011		* Electronically provided signatures are accepted as original signatures.					