No. W 35227		Due i	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. MARGARET DOUCETTE, PLLC MARGARET DOUCETTE DO 620 E. HIGHLAND VIEW DR BOISE ID 83702		620 E. HIG BOISE ID	MARGARET DOUCETTE DO 620 E. HIGHLAND VIEW DR BOISE ID 83702 3. New Registered Agent Signature:*		
RECEIVED B		mes and Addresses o	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	MARGARET	DOUCETTE DO	620 E. HIGHLAND VIEW DR	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 35227		Signature: Marga		Date: 11/12/2012			
		Name (type or p		Title: Manager			
Processed 11/12/20	12	* Electronically prov	ided signatures are accepted as origina	l signatures.			