

No. W 131732		Due no later than Dec 31, 2014		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. DR. RICHARD J. ROBINSON M.D., PLLC DR RICHARD J ROBINSON MD 6220 N GALEWOOD DR COEUR D ALENE ID 83815		DR RICHARD J ROBINSON MD 6220 N GALEWOOD DR COEUR D ALENE 83815	
				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	KATHLEEN ANN ROBINSON	6220 N. GALEWOOD DR.	COEUR D' ALENE	ID	USA 83813
5. Organized Under the Laws of: ID W 131732		6. Annual Report must be signed.* Signature: Dr. Richard John Robinson Name (type or print): Dr. Richard John Robinson Date: 12/11/2014 Title: Registered Agent			
Processed 12/11/2014		* Electronically provided signatures are accepted as original signatures.			