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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------------------|
| No. <b>W 126574</b>                                                                                                                                    |             | <b>Due no later than Jun 30, 2014</b>                                                                                            |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>KURTIS REED, MD, PLLC<br>PO BOX 1293<br>TWIN FALLS ID 83303     |            | JOHN A COLEMAN<br>401 GOODING ST N STE 201<br>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 |
| MEMBER                                                                                                                                                 | KURTIS REED | PO BOX 1293                                                                                                                      | TWIN FALLS | ID                                                                | USA 83303-1293      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 126574</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: John Coleman Date: 06/18/2014<br>Name (type or print): John Coleman Title: Agent |            |                                                                   |                     |
| Processed 06/18/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                        |            |                                                                   |                     |