

No. W 14810	Due no later than Mar 31, 2013 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. GIBBON CLINIC L.L.C. CHRISTINE E GIBBON 801 E MEDICAL CT POST FALLS ID 83854 USA		CHRISTINE E GIBBON 801 E MEDICAL CT POST FALLS ID 83854			
			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	CHRISTINE ELAINE GIBBON	801 E MEDICAL CT	POST FALLS	ID	USA	83854-7298
5. Organized Under the Laws of: ID W 14810	6. Annual Report must be signed.* Signature: Christine E Gibbon Name (type or print): Christine E Gibbon		Date: 01/28/2013 Title: Owner			
Processed 01/28/2013		* Electronically provided signatures are accepted as original signatures.				