No. W 26204		Due no later than Oct 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JAMES M RETMIER MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				STE 201 TWIN FALLS	401 GOODING ST. N STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JAMES M RI		etmier MD	496-F SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John Coleman			Date: 08/27/2013			
W 26204		Name (type or print): John Coleman			Title: Agent			
Processed 08/27/2013 * Electronically provided signatures are accepted as original signatures.								