

No. <b>W 46096</b>		<b>Due no later than Jan 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BARBARA J HAGEN MD 307 W VILLAGE LANE BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		BARBARA J. HAGEN, MD P.L.L.C. BARBARA J HAGEN 307 W VILLAGE LANE BOISE ID 83702 USA					
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	BARBARA J HAGEN	307 W VILLAGE LN	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 46096</b>		Signature: Barbara Hagen			Date: 11/05/2011		
		Name (type or print): Barbara Hagen			Title: Owner/Member		
Processed 11/05/2011		* Electronically provided signatures are accepted as original signatures.					