

No. W 77645		Due no later than Sep 30, 2012		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. TWO RIVERS CLINIC, LLC TONY EDMONDSON PO BOX 871 WEISER ID 83672 USA		DELAND R BARR 683 E THIRD WEISER ID 83672			
				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	DELAND R BARR	683 E. THIRD ST. P.O. BOX 871	WEISER	ID	USA	83672-0871	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 77645		Signature: Anthony L. Edmondson				Date: 07/11/2012	
		Name (type or print): Anthony L. Edmondson				Title: Administrator	
Processed 07/11/2012		* Electronically provided signatures are accepted as original signatures.					