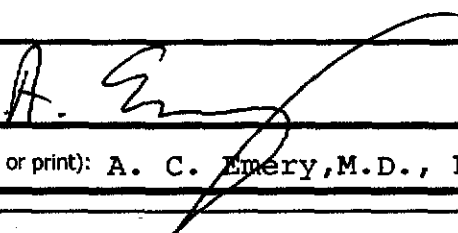


No. W 42698	Due no later than Sep 30, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. A.C. EMERY, M.D., PLLC A C EMERY MD 526 SHOUP AVE W STE F TWIN FALLS ID 83301		A C EMERY MD 526 SHOUP AVE W STE D TWIN FALLS ID 83301								
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.											
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code					
<table border="1"><tbody><tr><td></td><td>Member A.C. Emery, M.D., PLLC</td><td>526 Shoup Ave W. Ste F</td><td>Twin Falls, ID</td><td></td><td></td><td>83301</td></tr></tbody></table>						Member A.C. Emery, M.D., PLLC	526 Shoup Ave W. Ste F	Twin Falls, ID			83301
	Member A.C. Emery, M.D., PLLC	526 Shoup Ave W. Ste F	Twin Falls, ID			83301					
5. Organized Under the Laws of:											
IDAHO W 42698		6.									
Signature: 		Date: 10/12/09									
Name (type or print): A. C. Emery, M.D., PLLC		Title: Member									
Issued 10/07/2009 by CLH			200909005859								