No. W 33401		Due no later than Sep 30, 2010		2. Registered Ag	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL PLAZA, LLC STEPHEN M MALOFF PO BOX 4948 POCATELLO ID 83205-4948 USA		STEPHEN M MALOFF MD 1950 E CLARK POCATELLO ID 83201 3. New Registered Agent Signature:*				
4. Limited Liability Companies	es: Enter Nar	nes and Addresses	of at least one Member or Manager.	l				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER N	HARVEY L CRANDALL NOAH W KLEIN JAY N HERRING		3RD 329 S WOODRUFF AVE 4747 JOHNNY CREEK 1065 E 21ST	IDAHO FALLS POCATELLO IDAHO FALLS	ID ID ID	USA USA USA	83401 83204 83404	
	STEPHEN M MALOFF M J GREGSON		PO BOX 4948 1950 E. CLARK, SUITE C	POCATELLO POCATELLO	ID ID	USA USA	83205-4948 83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 33401		Signature: Stephen M. Maloff Name (type or print): Stephen M. Maloff		Date: 07/08/2010 Title: Managing Partner				
Processed 07/08/2010	* Electronically provided signatures are accepted as original signatures.							