

|                                                                                                                                                        |                       |                                                                                                                                                                |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 1249</b>                                                                                                                                      |                       | Due no later than Jun 30, 2012                                                                                                                                 |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>EASTERN IDAHO IPA, PLLC<br>DR. JEFFREY STIEGLITZ<br>3100 CHANNING WAY<br>IDAHO FALLS ID 83404 |             | J B STIEGLITZ<br>3100 CHANNING WAY<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                       |                                                                                                                                                                |             | 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 |  |
| MANAGER                                                                                                                                                | DR. JEFFREY STIEGLITZ | 3100 CHANNING WAY                                                                                                                                              | IDAHO FALLS | ID                                                         | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1249</b>                                                                                            |                       | 6. Annual Report must be signed.*<br>Signature: Stieglitz<br>Name (type or print): Stieglitz<br>Date: 04/22/2012<br>Title: Manager                             |             |                                                            |         |             |  |
| Processed 04/22/2012                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                      |             |                                                            |         |             |  |