No. **W 9383**	**Due no later than Jul 31, 2011** **Annual Report Form**	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.** TARGHEE MEDICAL ASSOCIATES, L.L.C. GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG ID 83440	GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG ID 83440 3. New 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	GARY L. LOVELL, M.D.	36 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 9383**	Signature: Gary L Lovell	Date: 08/18/2011
	Name (type or print): Gary L Lovell	Title: Md

Processed 08/18/2011

* Electronically provided signatures are accepted as original signatures.