

No. W 96765	Due no later than Sep 30, 2012 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. MAGIC VALLEY URGENT CARE, PLLC WESLEY SCOTT APPLETON 1505 ANNY DRIVE EAST TWIN FALLS ID 83301 USA		WESLEY SCOT APPLETON MD PHD 1505 ANNY DR E TWIN FALLS ID 83301			
			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	WESLEY SCOTT APPLETON	1505 ANNY DRIVE EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 96765		6. Annual Report must be signed.* Signature: Wesley Scott Appleton Name (type or print): Wesley Scott Appleton		Date: 10/25/2012 Title: Owner		
Processed 10/25/2012		* Electronically provided signatures are accepted as original signatures.				