No. W 514		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHWAY INTERNISTS P.L.L.C. JUDY HARRIS 222 SOUTHWAY STE C LEWISTON ID 83501		222 SOUTHW LEWISTON I	JUDY HARRIS 222 SOUTHWAY STE C LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	nes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	PATRICIA A	BRADY	222 SOUTHWAY	LEWISTON	ID	USA	83501	
MEMBER JANE F PFLIC		GER	222 SOUTHWAY	LEWISTON	ID	USA	83501	
MEMBER	BARBARA K	DAVIS	222 SOUTHWAY	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Judy A. Harris		Date	Date: 07/14/2010			
W 514		Name (type or print): Judy A. Harris		Title	Title: Office Manager			
Processed 07/14/2010 * Electronically provided signatures are accepted as original signatures.								