

No. W 10958		Due no later than Jan 31, 2015 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		1. Mailing Address: Correct in this box if needed. PHYSICIANS CLINIC, PLLC DR TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713 USA		DR TERRY LITTLE 4750 N FIVE MILE RD BOISE 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DR TERRY LITTLE	Street or PO Address 4750 N FIVE MILE RD		City BOISE	State ID	Country	Postal Code 83713
5. Organized Under the Laws of: ID W 10958		6. Annual Report must be signed.* Signature: Terry M. Little Name (type or print): Terry M. Little Date: 11/17/2014 Title: Manager					
Processed 11/17/2014 * Electronically provided signatures are accepted as original signatures.							