

No. W 75289		Due no later than Jun 30, 2009		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		Annual Report Form		TRACY L MORGAN MD 3204 ANDERSON ST BOISE ID 83703	
		1. Mailing Address: Correct in this box if needed. TRACY L MORGAN, M.D., P.L.L.C. TRACY L MORGAN 3204 ANDERSON ST BOISE ID 83703 USA		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
MEMBER	TRACY L MORGAN MD	3204 ANDERSON ST	BOISE	ID	USA
Postal Code 83703					
5. Organized Under the Laws of: ID W 75289		6. Annual Report must be signed.* Signature: Tracy L Morgan Name (type or print): Tracy L Morgan			
		Date: 04/26/2009 Title: Owner/President			
Processed 04/26/2009		* Electronically provided signatures are accepted as original signatures.			