No. W 3719	Due no later than Mar 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. TERRAZAS, PLLC ROSA M TERRAZAS 2822 HARD ROCK DR		2. Regi	2. Registered Agent and Address (NO PO BOX)			
Return to:				ROSA M TERRAZAS M.D.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOIS	2822 HARD ROCK DR BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83712 USA		3. <u>New</u>	Registered Agent S	ignature:*		
4. Limited Liability Companies: Enter N	ames and Addresses of a	it least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ROSA M 1	ERRAZAS M.D.	111 W MAIN ST	BOISE	E ID	USA	83702	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Rosa M Terrazas, M.D.			Date: 01/26/2011			
W 3719	Name (type or print): Rosa M Terrazas, M.D.			Title: Member			
Processed 01/26/2011	* Electronically provided signatures are accepted as original signatures.						