No. **W 38025**	**Due no later than Mar 31, 2013** **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.** HOMETOWN HEALTHCARE, PLLC CLAY C PRINCE 655 HARVEST DR REXBURG ID 83440	CLAY C PRINCE MD 655 HARVEST DR REXBURG ID 83440 3. New 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	CLAY C PRINCE MD	655 HARVEST DR	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38025**	Signature: Clay C Prince	Date: 02/08/2013
	Name (type or print): Clay C Prince	Title: Member

Processed 02/08/2013

* Electronically provided signatures are accepted as original signatures.