No. **W 62923**	**Due no later than May 31, 2012** **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.** YOST MEDICAL ASSOCIATES, LLC AMY H YOST 235 FLUME ST BOISE ID 83712 USA	AMY H YOST 235 FLUME ST BOISE ID 83712 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
MANAGER	AMY H YOST	505 LOGAN ST	BOISE	ID	USA	83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62923**	Signature: Amy Yost	Date: 03/08/2012
	Name (type or print): Amy Yost	Title: Owner/manager

Processed 03/08/2012

* Electronically provided signatures are accepted as original signatures.