

No. W 81289		Due no later than Feb 28, 2010		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 1. Mailing Address: Correct in this box if needed. J DAVIS MEDICAL CONSULTANT, LLC JACK DAVIS 2390 SATTERFIELD DR POCATELLO ID 83201		JOHN (JACK) DAVIS DO 2390 SATTERFIELD DR POCATELLO ID 83201			
				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	Postal Code	
MANAGER	JACK K DAVIS	2390 SATTERFIELD DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 81289		Signature: Jack Davis				Date: 01/20/2010	
		Name (type or print): Jack Davis				Title: Manager	
Processed 01/20/2010		* Electronically provided signatures are accepted as original signatures.					