

No. W 81289		Due no later than Feb 28, 2010 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JACK K DAVIS	Street or PO Address 2390 SATTERFIELD DRIVE		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of: ID W 81289		6. Annual Report must be signed.* Signature: Jack Davis Name (type or print): Jack Davis Date: 01/20/2010 Title: Manager					
Processed 01/20/2010 * Electronically provided signatures are accepted as original signatures.							