

No. W 62416		Due no later than May 31, 2012		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		BRIAN RAE 541 WARREN ST BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PREMIER HEALTH SYSTEMS PLLC BRIAN J RAE 2200 WARM SPRINGS STE 106 BOISE ID 83712 USA					
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	BRIAN J RAE	541 WARREN ST	BOISE	ID	USA	83706	
MEMBER	ERIN M RAE	541 WARREN ST	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 62416		Signature: Brian J Rae			Date: 03/08/2012		
		Name (type or print): Brian J Rae			Title: Owner, DC		
Processed 03/08/2012		* Electronically provided signatures are accepted as original signatures.					