

No. <b>W 28316</b>		<b>Due no later than Feb 28, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BRIAN L. SAMUELS, M.D., PLLC BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833-8726 USA		BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON 83833-8726			
				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	
MEMBER	BRIAN L SAMUELS MD	5371 E LISA RD	HARRISON	ID	USA	83833	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 28316</b>		Signature: BRIAN L SAMUELS				Date: 01/01/2015	
		Name (type or print): BRIAN L SAMUELS				Title: MEMBER	
Processed 01/01/2015		* Electronically provided signatures are accepted as original signatures.					