

No. W 509		Due no later than Sep 30, 2009		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. PHYSICIAN CENTER, A PROFESSIONAL COMPANY D KURT SEPPI MD 630 ADDISON AVE W STE 100 TWIN FALLS ID 83301		D KURT SEPPI, M.D. 630 ADDISON AVE W STE 100 TWIN FALLS ID 83301	
				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	MITCHELL MOFFITT	630 ADDISON AVE W STE 100	TWIN FALLS	ID	USA 83301
MANAGER	KENNETH E HARRIS, M.D.	630 ADDISON AVE W STE 100	TWIN FALLS	ID	USA 83301
MANAGER	JOHN F. TROTTER, JR. M.D.	630 ADDISON AVE W STE 100	TWIN FALLS	ID	USA 83301
MANAGER	JANE Y SCOTT M.D.	388 MARTIN ST	TWIN FALLS	ID	USA 83301
MANAGER	D KURT SEPPI	630 ADDISON AVE W STE 100	TWIN FALLS	ID	USA 83301
MANAGER	JENNIFER PREUCIL	630 ADDISON AVE W STE 100	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 509		Signature: D Kurt Seppi Name (type or print): D Kurt Seppi		Date: 08/25/2009 Title: Manager	
Processed 08/25/2009		* Electronically provided signatures are accepted as original signatures.			