No. W 17485		Due no later than Dec 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE VALLEY SPORTS MEDICINE PLLC JEFFREY T WELKER 301 NORTH 27TH BOISE ID 83702	301 NORTI BOISE ID	JEFF WELKER 301 NORTH 27TH BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JEFF WELKE		R 301 NORTH 27TH	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 17485		6. Annual Report must be signed.* Signature: Jeff Welker Name (type or print): Jeff Welker	Date: 01/08/2014 Title: Owner				
Processed 01/08/2014 * Electronically provided signatures are accepted as original signatures.							