No. W 58954	Due no later than Feb 28, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		#200 PROPERTY AND ADDRESS OF THE PARTY AND ADD	DR DOUGLAS DAMMROSE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL REVIEW L.L.C. DOUGLAS W. DAMMROSE, MD 468 E CONNEMARA LN			468 E CONNEMARA LN EAGLE ID 83616			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			EAGLE ID				
	EAGLE ID 8361	EAGLE ID 83616		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	USA						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DR DOUG	AS DAMMROSE	468 E CONNEMARA LN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Doug	Signature: Douglas Dammrose		Date: 12/14/2010			
W 58954	Name (type or p		Title: Manager				
Processed 12/14/2010	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					