No. <b>W 34125</b>		Du	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN F MAGNUSON/ATTY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  OWSLEY-MULLEN, LLC LINDA J OWSLEY 750 N SYRINGA ST STE 204 POST FALLS ID 83854 USA		1250 NORTHWOOD CTR CT STE A COEUR D'ALENE ID 83814			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compani	es: Enter Na	mes and Addresse	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
INCOME ACCUSED TO SECURE	F MARK OWSLEY MD PATRICK MULLEN MD		750 N SYRINGA STREET SUITE 204 750 N SYRINGA STREET SUITE 204	POST FALLS POST FALLS	ID ID	USA USA	83854 83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: F N	Date: 09/26/2011				
W 34125		Name (type o	Title: Manager				
Processed 09/26/2011	* Electronically provided signatures are accepted as original signatures.						