No. <b>W 76612</b>		Due no later than Aug 31, 2009	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		RONALD H ROCK				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  NORTHWEST DOCTORS, LLC CATHERINE D LAYTON 1593 E POLSTON		1593 E POSTON POST FALLS ID 83814				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CATHERINE							
	POST FALL	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA	USA						
4. Limited Liability Companies: Ente	r Names and Addre	sses of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER ADAM OLSCAMP		1593 E POLSTON	POST FALLS	ID	USA	83854		
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature:	Catherine Layton		Date: 06/22/2009				
W 76612	Name (type	Name (type or print): Catherine Layton			Title: Accountant			
Processed 06/22/2009	* Electronicall	* Electronically provided signatures are accepted as original signatures.						