| No. W 46096 | | Due no later than Jan 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|---|--|--|---|---------|-------------|----------|
| Return to: | | Annual Report Form | | BARBARA J | BARBARA J HAGEN MD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing A | 100 THE TOTAL TO T | 11791 PHEASANT RUN CT CALDWELL 83605-5074 | | | | |
| | | BARBARA J. HAGEN, MD P.L.L.C. BARBARA J HAGEN 11791 PHEASANT RUN CT CALDWELL ID 83605-5074 | | | | | | CALDWELL |
| | | | | 3. <u>New</u> Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 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 E | BARBARA J | HAGEN | 11791 PHEASANT RUN CT | CALDWELL | ID | USA | 83605-5074 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 46096 | | Signature: Bar | | Date: 12/02/2014 | | | | |
| | | Name (type or | | Title: OWNER | | | | |
| Processed 12/02/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |