

No. W 64474		Due no later than Jul 31, 2012		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BALDRIDGE FAMILY MEDICINE, A PROFESSIONAL COMPANY SCOTT A BALDRIDGE 515 E 17TH N MOUNTAIN HOME ID 83647 USA		BRIAN B PETERSON 340 E 2ND N MOUNTAIN HOME ID 83647	
				3. <u>New</u> Registered Agent Signature:*	
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	SCOTT ALAN BALDRIDGE DO	515 E 17TH N	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 64474		6. Annual Report must be signed.* Signature: Scott Baldrige Name (type or print): Scott Baldrige Date: 05/29/2012 Title: Member			
Processed 05/29/2012		* Electronically provided signatures are accepted as original signatures.			