

No. <b>W 70773</b>		<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  DAVID L. WISE, MD, PLLC DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201		DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DAVID L WISE MD	115 S 15TH AVE STE B		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 70773</b>		6. Annual Report must be signed.*  Signature: David L. Wise, MD Name (type or print): David L. Wise, MD  Date: 11/15/2009 Title: Owner					
Processed 11/15/2009 * Electronically provided signatures are accepted as original signatures.							