

No. <b>W 27434</b>		<b>Due no later than Dec 31, 2009</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  RMJ SAFARI, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		JAMES M RETMIER MD 714 N COLLEGE TWIN FALLS ID 83301			
				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	MARK WRIGHT, MD, PA	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
MEMBER	TYLER WAYMENT, MD, PC	714 N. COLLEGE ROAD STE A	TWIN FALLS	ID	USA	83303-1293	
MEMBER	BLAKE JOHNSON, MD, PA	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
MEMBER	JAMES M RETMIER MD PA	PO BOX 587	TWIN FALLS	ID	USA	83301	
MEMBER	WILLIAM F MAY MD PA	PO BOX 587	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 27434</b>		Signature: John Coleman				Date: 10/21/2009	
		Name (type or print): John Coleman				Title: Accountant	
Processed 10/21/2009		* Electronically provided signatures are accepted as original signatures.					