

No. W 94835		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		DAVID GILES MD 3066 S WHITEPOST WAY EAGLE ID 83616			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		DAVID GILES, M.D., PLLC DAVID J GILES, M.D. 3066 S WHITEPOST WAY EAGLE ID 83616					
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 J GILES	3066 S. WHITEPOST WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 94835		Signature: David Giles, M.D.			Date: 05/09/2012		
		Name (type or print): David Giles, M.D.			Title: Member		
Processed 05/09/2012		* Electronically provided signatures are accepted as original signatures.					