

No. W 87844		Due no later than Oct 31, 2010		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		1. Mailing Address: Correct in this box if needed. ROBERT L. DAVIDSON, M.D., PLLC ROBERT L. DAVIDSON 13601 W MCMILLAN RD STE 102 BOX 311 BOISE ID 83713 USA		ROBERT L. DAVIDSON MD 1458 W STAFFORD DR EAGLE ID 83616			
				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	ROBERT L. DAVIDSON	1458 W. STAFFORD DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 87844		Signature: Robert L. Davidson				Date: 11/09/2010	
		Name (type or print): Robert L. Davidson				Title: Member	
Processed 11/09/2010		* Electronically provided signatures are accepted as original signatures.					