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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 82382</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2014</b>                                                                                                                                                           |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MADISON PHYSICIANS INVESTMENT LLC<br>DANE J DICKSON<br>544 PARTRIDGE LANE<br>REXBURG ID 83440 |         | WINSTON V BEARD<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                 |         | 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                                                                                                                                                 | JEFFREY HANCOCK | 544 PARTRIDGE LN.                                                                                                                                                                               | REXBURG | ID                                                          | USA     | 83440       |  |
| MEMBER                                                                                                                                                 | DANE DICKSON    | 544 PARTRIDGE LN                                                                                                                                                                                | REXBURG | ID                                                          | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 82382</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Dane J. Dickson<br>Name (type or print): Dane J. Dickson                                                                                        |         |                                                             |         |             |  |
|                                                                                                                                                        |                 | Date: 03/22/2014<br>Title: President                                                                                                                                                            |         |                                                             |         |             |  |
| Processed 03/22/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |         |                                                             |         |             |  |