No. W 106558		Due no later than Sep 30, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BONNI L CURRAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CURRAN MEDICAL CONSULTING, LLC BONNI L CURRAN PO BOX 6438 KETCHUM ID 83340			208 BROADWAY BLVD KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	BONNI L CU	JRRAN	POB 6438		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bonni Curran			Date: 07/18/2012			
W 106558		Name (type or print): Bonni Curran			Title: Ceo			
Processed 07/18/2012 * Electronically provided signatures are accepted as original signatures.								