

No. W 108820		Due no later than Dec 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 1. Mailing Address: Correct in this box if needed. CT CLANCY M.D., LLC CHRISTOPHER T CLANCY MD 413 N ALLUMBAUGH ST #101 BOISE ID 83704		CHRISTOPHER T CLANCY MD 413 N ALLUMBAUGH ST #101 BOISE ID 83704			
				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	CHRISTOPHER T CLANCY, MD	413 N ALLUMBAUGH STREET #101	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 108820		Signature: Jennifer Burch				Date: 01/07/2013	
		Name (type or print): Jennifer Burch				Title: Business Manager	
Processed 01/07/2013		* Electronically provided signatures are accepted as original signatures.					