

No. W 26512	Due no later than Oct 31, 2008 Annual Report Form		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.		JONATHAN KRAMER 100 EAST IDAHO STE 301 BOISE ID 83712			
	JONATHAN KRAMER, M.D., PLLC JONATHAN KRAMER, MD 100 EAST IDAHO STE 301 BOISE ID 83712		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
MANAGER	JONATHAN KRAMER, MD	100 EAST IDAHO STE 301	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 26512	6. Annual Report must be signed.*					
		Signature: Jonathan Kramer, MD	Date: 09/10/2008			
		Name (type or print): Jonathan Kramer, MD	Title: Owner			
Processed 09/10/2008		* Electronically provided signatures are accepted as original signatures.				