

No. W 64474	Due no later than Jul 31, 2010 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.		BRIAN B PETERSON 340 E 2ND N MOUNTAIN HOME ID 83647			
	BALDRIDGE FAMILY MEDICINE, A PROFESSIONAL COMPANY SCOTT A BALDRIDGE 515 E 17TH N MOUNTAIN HOME ID 83647 USA		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	SCOTT ALAN BALDRIDGE DO	515 E 17TH N	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID W 64474		6. Annual Report must be signed.* Signature: Scott A. Baldrige Name (type or print): Scott A. Baldrige		Date: 05/26/2010 Title: Member		
Processed 05/26/2010		* Electronically provided signatures are accepted as original signatures.				