No. **W 62502**	**Due no later than May 31, 2014** **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.** KYLE L. PALMER, M.D., PLLC JILL PALMER 3875 E OVERLAND RD MERIDIAN ID 83642	KYLE L PALMER MD 3875 E OVERLAND RD MERIDIAN ID 83642 3. New 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	KYLE L PALMER MD	3875 E OVERLAND RD	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62502**	Signature: Kyle L Palmer	Date: 05/14/2014
	Name (type or print): Kyle L Palmer	Title: MD/Owner

Processed 05/14/2014

* Electronically provided signatures are accepted as original signatures.