

No. W 19811		Due no later than Jun 30, 2009		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. LAURA J. ZOELLNER, M.D., P.L.L.C. LAURA J ZOELLNER MD 520 S EAGLE RD #2207 MERIDIAN ID 83642 USA		LAURA J ZOELLNER MD 513 N STRATA VIA WAY BOISE ID 83713			
				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	LAURA J ZOELLNER MD	513 N STRATA VIA WAY	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 19811		Signature: Laura J Zoellner, MD				Date: 04/13/2009	
		Name (type or print): Laura J Zoellner, MD				Title: Owner	
Processed 04/13/2009		* Electronically provided signatures are accepted as original signatures.					