

No. <b>W 9989</b>		<b>Due no later than Oct 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CRAIG B. BASS, M.D., PLLC CRAIG B BASS 3527 S. FEDERAL WAY SUITE 103 BOISE ID 83705		CRAIG B BASS 3527 S. FEDERAL WAY SUITE 103 BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CRAIG B BASS MD	3527 S. FEDERAL WAY SUITE 103	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID</b> <b>W 9989</b>		6. Annual Report must be signed.*  Signature: Craig B. Bass, M.D. Name (type or print): Craig B. Bass, M.D.					
		Date: 01/11/2013 Title: Member					
Processed 01/11/2013      * Electronically provided signatures are accepted as original signatures.							