

No. <b>W 9989</b>		<b>Due no later than Oct 31, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CRAIG B BASS 3527 S. FEDERAL WAY SUITE 103 BOISE ID 83705			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		CRAIG B. BASS, M.D., PLLC CRAIG B BASS 3527 S. FEDERAL WAY SUITE 103 BOISE ID 83705					
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:		6. Annual Report must be signed.*					
<b>ID W 9989</b>		Signature: Craig B. Bass, M.D.				Date: 01/11/2013	
		Name (type or print): Craig B. Bass, M.D.				Title: Member	
Processed 01/11/2013		* Electronically provided signatures are accepted as original signatures.					