

No. W 52028		Due no later than Jun 30, 2009 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		1. Mailing Address: Correct in this box if needed. UPPER VALLEY FAMILY PRACTICE, PLLC JEFFREY G. HOPKIN 20 MADISON PROFESSIONAL PARK REXBURG ID 83440		JEFFREY G HOPKIN MD 20 MADISON PROFESSIONAL PARK REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JEFFREY G HOPKIN MD	20 MADISON PROFESSIONAL PARK		REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 52028		6. Annual Report must be signed.* Signature: Jeffrey G. Hopkin Name (type or print): Jeffrey G. Hopkin Date: 04/21/2009 Title: President, Owner					
Processed 04/21/2009 * Electronically provided signatures are accepted as original signatures.							