

No. W 70270		Due no later than Jan 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WISE MEDICAL OFFICE, LLC DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201		DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201			
				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	DAVID L WISE MD	115 15TH AVE STE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 70270		6. Annual Report must be signed.* Signature: David L Wise Name (type or print): David L Wise Date: 12/03/2011 Title: Member					
Processed 12/03/2011		* Electronically provided signatures are accepted as original signatures.					