

No. W 64445		Due no later than Jul 31, 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		Annual Report Form		THOMAS JONES MD 32 W 1ST S REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		THOMAS JONES M.D. LLC WENDI L JONES 117 STAR VIEW DR REXBURG ID 83440 USA					
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	THOMAS JONES MD	117 STAR VIEW DR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64445		Signature: Wendi Jones			Date: 08/19/2009		
		Name (type or print): Wendi Jones			Title: Office Manager		
Processed 08/19/2009		* Electronically provided signatures are accepted as original signatures.					