

No. W 13684		Due no later than Dec 31, 2013		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. IDAHO MEDICINE ASSOCIATES, P.L.L.C. LUCIE DIMAGGIO MD 2550 ADDISON AVE S STE E TWIN FALLS ID 83301		LUCIE DIMAGGIO MD 2550 ADDISON AVE E STE E TWIN FALLS ID 83301			
				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	LISA BURGETT MDPC	2550 ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301	
MEMBER	LUCIE DIMAGGIO MDPC	2550 ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301	
MEMBER	VICTORIA LAUCIUS DO	2550 ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301	
MEMBER	JOHN BAKER MD	775 POLELINE RD W STE 312	TWIN FALLS	ID	USA	83301	
MEMBER	MATTHEW DOPP MD	2550 ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301	
MEMBER	JARED HELMS DO	2550ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301	
MEMBER	PATRICK DESMOND MD	775 POLEINE RD W STE 312	TWIN FALLS	ID	USA	83301	
MEMBER	DARYL FICKLIN DO	775 POLEINE RD W STE 312	TWIN FALLS	ID	USA	83301	
MEMBER	BRIAN FORTUIN MD	775 POLELINE RD W STE 312	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 13684		6. Annual Report must be signed.* Signature: Lucie DiMaggio Date: 01/14/2014 Name (type or print): Lucie DiMaggio Title: Partner					
Processed 01/14/2014		* Electronically provided signatures are accepted as original signatures.					