No. **W 46096**	**Due no later than Jan 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BARBARA J. HAGEN, MD P.L.L.C. BARBARA J HAGEN 307 W VILLAGE LANE BOISE ID 83702 USA	BARBARA J HAGEN MD 307 W VILLAGE LANE BOISE ID 83702 3. New 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	BARBARA J HAGEN	307 W VILLAGE LN	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 46096**	Signature: Barbara Hagen	Date: 11/30/2013
	Name (type or print): Barbara Hagen	Title: Owner

Processed 11/30/2013

* Electronically provided signatures are accepted as original signatures.