

No. W 56993		Due no later than Dec 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 1. Mailing Address: Correct in this box if needed. KIM L. COX, MD, PLLC KIM L COX 500 S 11TH AVE 4TH FLOOR POCATELLO ID 83201		ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83204	
				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	KIM L COX	500 S 11TH AVE 4TH FLOOR	POCATELLO	ID	USA 83201
5. Organized Under the Laws of: ID W 56993		6. Annual Report must be signed.* Signature: Kim Cox Name (type or print): Kim Cox Date: 11/03/2009 Title: Member			
Processed 11/03/2009		* Electronically provided signatures are accepted as original signatures.			