

No. <b>W 82971</b>	<b>Due no later than Apr 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  PRAIRIE MEDICAL LLC TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE ID 83616		TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE ID 83616			
			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	TINA NEWCOMB	4522 W MORGAN CREEK CT.	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID W 82971</b>		6. Annual Report must be signed.* Signature: Travis Prairie Name (type or print): Travis Prairie		Date: 05/07/2010 Title: President		
Processed 05/07/2010		* Electronically provided signatures are accepted as original signatures.				