

No. <b>W 75298</b>		<b>Due no later than Jun 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LAVONNE R. MILLS, M.D., FFAFP, PLLC LAVONNE R. MILLS 3307 N STEPHANIE RD POCATELLO ID 83204		LAVONNE R MILLS MD 3307 N STEPHANIE RD 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	LAVONNE R MILLS MD	3307 N STEPHANIE RD	POCATELLO	ID	83204
5. Organized Under the Laws of:  <b>ID W 75298</b>		6. Annual Report must be signed.* Signature: LaVonne R. Mills, M.D. Name (type or print): LaVonne R. Mills, M.D.  Date: 04/29/2015 Title: Owner			
Processed 04/29/2015		* Electronically provided signatures are accepted as original signatures.			