No. <b>W 116066</b>	Due no later than Jul 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	ALLAN R BO			
SECRETARY OF STATE	<ol> <li>Mailing Address: Correct in this box if needed.</li> </ol>	205 N 10TH ST 4TH FL BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J C HOSPITALISTS, PLLC CAPITOL LAW GROUP PO BOX 2598	USA			
	BOISE ID 83701	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
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 JULIE D LYO	ON 13960 W. WAINWRIGHT DR.	BOISE	ID	USA	83713
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Julie Lyon Date: 06/19/2014				
W 116066 Name (type or print): Julie Lyon		Title: Member			
Processed 06/19/2014	* Electronically provided signatures are accepted as original signatures.				