No. W 85818		Due no later than Jul 31, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. CLAUDIA L DROC MD LLC CLAUDIA L DROC 7986 W BUCKSKIN RD POCATELLO ID 83201-9146			DR CLAUDIA L DROC MD 7986 W BUCKSKIN RD POCATELLO ID 83201-9146 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				POCATELLO				
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	
MANAGER	CLAUDIA L	DROC	7986 W. BUCKSKIN RD.	POCATELLO	ID	USA	83201-9146	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 85818		Signature: Cla		Date: 05/19/2011				
		Name (type o		Title: Manager				
Processed 05/19/2011 * Electronically provided signatures are accepted as original signatures.								