No. W 77898	D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHAEL SEVERSON, M.D., PLLC MICHAEL SEVERSON MD 2228 S WHITE PINE PL BOISE ID 83706		2228 S WH BOISE ID	MICHAEL SEVERSON MD 2228 S WHITE PINE PL BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	ames and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MICHAEL D	SEVERSON	2228 S WHITE PINE PL	BOISE	ID	USA	83706	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Michael Severson Date: 08/02/				08/02/2013		
W 77898	Name (type or print): Michael Severson Title: Member						
Processed 08/02/2013	* Electronically provided signatures are accepted as original signatures.						