

No. <b>W 56993</b>	<b>Due no later than Dec 31, 2013</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> KIM L. COX, MD, PLLC KIM L COX 777 HOSPITAL WAY BUILDING A SUITE 300 POCATELLO ID 83201 USA		ERIC L OLSEN 201 E CENTER ST 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	KIM L COX	8690 N. PARKS RD.	POCATELLO	ID	USA	83201-9022
5. Organized Under the Laws of:  <b>ID</b> <b>W 56993</b>		6. Annual Report must be signed.* Signature: Kim Cox Name (type or print): Kim Cox  Date: 01/15/2014 Title: Member				
Processed 01/15/2014		* Electronically provided signatures are accepted as original signatures.				