No. **W 22966**	**Due no later than Feb 28, 2010**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** UNIVERSITY MEDICAL ASSOCIATES, LLC JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983 USA	JEFFREY E GEIER 623 S MAIN MOSCOW ID 83843-2983 3. New 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	DAN J SCHMIDT	623 S MAIN	MOSCOW	ID	USA	83843-2983
MEMBER	DAVID D SHUPE	623 S MAIN	MOSCOW	ID	USA	83843-2983
MANAGER	FRANCIS K SPAIN	623 S MAIN	MOSCOW	ID	USA	83843-2983
MEMBER	JOHN R HUBERTY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	CHARLES A RICHARDS	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	HELEN M SHEARER	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	ROBERT M TING	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	SARA J LAWRENCE	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	RICHARD K HOWE	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	GLENN DAVID RYCH	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
MEMBER	WAYNE L RUBY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 22966**	Signature: Jeffrey E Geier Name (type or print): Jeffrey E Geier	Date: 12/29/2009 Title: Registered Agent
Processed 12/29/2009	* Electronically provided signatures are accepted as original signatures.	