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|--|------------------------|--|-------|--|---------------------|
| No. W 112145 | | Due no later than Mar 31, 2013 | | 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 | | 1. Mailing Address: Correct in this box if needed. COTTONWOOD FAMILY MEDICINE PLLC MARCI DEE PRICE-MILLER 100 COTTONWOOD CT STE 150 EAGLE ID 83616 USA | | KIRK MILLER MD 1417 N 19TH ST BOISE ID 83702 | |
| | | | | 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 |
| MANAGER | MARCI DEE PRICE-MILLER | 100 COTTONWOOD COURT SUITE 150 | EAGLE | ID | USA 83616 |
| 5. Organized Under the Laws of: ID W 112145 | | 6. Annual Report must be signed.* Signature: Marci Price-Miller Name (type or print): Marci Price-Miller Date: 04/07/2013 Title: Manager | | | |
| Processed 04/07/2013 | | * Electronically provided signatures are accepted as original signatures. | | | |