

No. W 82971	Due no later than Apr 30, 2011 Annual Report Form		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.		TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE ID 83616			
	PRAIRIE MEDICAL LLC TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE ID 83616		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	TINA NEWCOMB	4522 W MORGAN CREEK CT.	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 82971		6. Annual Report must be signed.* Signature: Tina Newcomb Date: 02/11/2011 Name (type or print): Tina Newcomb Title: Member/owner				
Processed 02/11/2011		* Electronically provided signatures are accepted as original signatures.				