

No. W 80060		Due no later than Dec 31, 2009		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. STEVEN A. LARSEN, M.D., PLLC STEVEN A LARSEN, MD 444 HOSPITAL WAY STE 701 POCATELLO ID 83201 USA		DAVID R GALLAFENT 109 N ARTHUR 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	
MANAGER	STEVEN A LARSEN, MD	444 HOSPITAL WAY, SUITE 701	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 80060		6. Annual Report must be signed.* Signature: Steven A Larsen, MD Name (type or print): Steven A Larsen, MD			Date: 10/27/2009 Title: Manager		
Processed 10/27/2009		* Electronically provided signatures are accepted as original signatures.					