

No. W 27434		Due no later than Dec 31, 2014		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. RMJ SAFARI, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		JAMES M RETMIER MD 401 GOODING ST N. STE 201 TWIN FALLS 83301	
				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	JAMES M RETMIER MD PA	738 N. COLLEGE ROAD SUITE A	TWIN FALLS	ID	83301
MEMBER	WILLIAM F MAY MD PA	738 N. COLLEGE ROAD SUITE A	TWIN FALLS	ID	83301
MEMBER	MARK WRIGHT, MD, PA	738 N. COLLEGE ROAD SUITE A	TWIN FALLS	ID	USA 83303-1293
MEMBER	TYLER WAYMENT, MD, PC	738 N. COLLEGE ROAD SUITE A	TWIN FALLS	ID	USA 83303-1293
MEMBER	BLAKE JOHNSON, MD, PA	738 N. COLLEGE ROAD SUITE A	TWIN FALLS	ID	USA 83303-1293
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 27434		Signature: John Coleman Name (type or print): John Coleman		Date: 10/29/2014 Title: Agent	
Processed 10/29/2014		* Electronically provided signatures are accepted as original signatures.			