

No. W 73932		Due no later than May 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. JOHN W. HOWAR M.D. PLLC JOHN W HOWAR MD 714 N COLLEGE SUITE A TWIN FALLS ID 83301 USA		PENELOPE PARKER 320 MAIN AVE N TWIN FALLS ID 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	
MANAGER	JOHN W HOWAR MD	714 N COLLEGE SUITE A	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 73932		6. Annual Report must be signed.* Signature: John W Howar MD Name (type or print): John W Howar MD Date: 03/21/2014 Title: Manager					
Processed 03/21/2014		* Electronically provided signatures are accepted as original signatures.					