No. W 97354		Due no later than Oct 31, 2011		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			AUBREE MILLER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PATIENT NAVIGATORS LLC (THE) AUBREE MILLER 1534 E 5TH ST #102 MERIDIAN ID 83642			1534 E 5TH ST #102 MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	ity	State	Country	Postal Code
MANAGER	AGER AUBREE J MILLER		1534 E 5TH ST. #102	M	IERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 97354		Signature: Aubree Miller			Date: 09/26/2011			
		Name (type or print): Aubree Miller			Title: Owner			
Processed 09/26/2011 * Electronically provided signatures are accepted as original signatures.								