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| No. W 38025 | Due no later than Mar 31, 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. HOMETOWN HEALTHCARE, PLLC CLAY C PRINCE 655 HARVEST DR REXBURG ID 83440 | CLAY C PRINCE MD 655 HARVEST DR REXBURG ID 83440 | | | | |
| | | 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 | CLAY C PRINCE MD | 655 HARVEST DR | REXBURG | ID | USA | 83440 |
| 5. Organized Under the Laws of: ID W 38025 | 6. Annual Report must be signed.* Signature: Ccp Name (type or print): Ccp Date: 01/25/2011 Title: Member | | | | | |
| Processed 01/25/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |