No. **W 76612**	**Due no later than Aug 31, 2011**	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.** NORTHWEST DOCTORS, LLC CATHERINE D LAYTON 1593 E POLSTON POST FALLS ID 83854 USA	RONALD H ROCK 1593 E POSTON POST FALLS ID 83814 3. New 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	ADAM OLSCAMP	1593 E POLSTON	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76612**	Signature: Catherine Layton	Date: 06/15/2011
	Name (type or print): Catherine Layton	Title: Cfo

Processed 06/15/2011

* Electronically provided signatures are accepted as original signatures.