

No. W 96846	Due no later than Sep 30, 2012 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. NINON GERMAIN M.D. PLLC NINON GERMAIN MD 1775 W STATE ST #331 BOISE ID 83702		NINON GERMAIN MD 1775 W STATE ST #331 BOISE ID 83702			
			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	NINON M GERMAIN	1775 W STATE ST #331	BOISE	ID	USA	83702-3923
5. Organized Under the Laws of: ID W 96846	6. Annual Report must be signed.* Signature: Ninon Germain MD PLLC Name (type or print): Ninon Germain MD PLLC		Date: 07/25/2012 Title: Sole Proprietor			
Processed 07/25/2012		* Electronically provided signatures are accepted as original signatures.				