

No. <b>J 999</b>		<b>Due no later than May 31, 2012</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RICHARD F PARIS MD 113 BLACKFOOT DR HAILEY ID 83333			
		<b>1. Mailing Address: Correct in this box if needed.</b> HAILEY MEDICAL CLINIC LIMITED LIABILITY PARTNERSHIP RICHARD F PARIS 113 BLACKFEET DR HAILEY ID 83333		3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	RICHARD F PARIS MD	113 BLACKFEET DRIVE	HAILEY	ID	USA	83333-8521	
PARTNER	KATHYRN A WOODS MD	113 BLACKFEET DRIVE	HAILEY	ID	USA	83333-8521	
5. Organized Under the Laws of:  <b>ID J 999</b>		6. Annual Report must be signed.* Signature: Richard F Paris Name (type or print): Richard F Paris					
		Date: 03/09/2012 Title: Partner					
Processed 03/09/2012		* Electronically provided signatures are accepted as original signatures.					