No. <b>W 96759</b>		Due no later than Sep 30, 2012		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  INTERMOUNTAIN MEDICAL, LLC LAYNE MARTIN 1263 BENNETT AVE STE 1		563 W OAKLE	LAYNE MARTIN 563 W 1700 S OAKLEY ID 83346  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		BURLEY ID 8331		3. <u>INEW</u> F	Registered Agent 3	ignature.		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LAYNE C MARTIN		ARTIN	563 WEST 1700 SOUTH	OAKLEY	/ ID	USA	83346-9747	
5. Organized Under the Laws of:  ID  W 96759		6. Annual Report must be signed.* Signature: Layne Martin Name (type or print): Layne Martin			Date: 10/09/2012 Title: Part Owner			
Processed 10/09/2012		* Electronically provided signatures are accepted as original signatures.						