

No. W 52044		Due no later than Jun 30, 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. BRYCE W. MILLAR, M.D., PLLC BRYCE W MILLAR MD 1263 BENNETT AVE STE 1 BURLEY ID 83318		BRYCE W MILLAR MD 1263 BENNETT AVE STE 1 BURLEY ID 83318			
				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	BRYCE W MILLAR MD	1263 BENNETT AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 52044		Signature: Kathryn Millar				Date: 04/19/2011	
		Name (type or print): Kathryn Millar				Title: Office Manager	
Processed 04/19/2011		* Electronically provided signatures are accepted as original signatures.					