No. <b>W 26204</b>		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAMES M RETMIER MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			-	738 NORTH COLLEGE ROAD, STE A TWIN FALLS 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JAMES M RETMIER MD		738 NORTH COLLEGE ROAD, STE A	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John Coleman		Date: 10/29/2014			
W 26204		Name (type or	Title: Agent				
Processed 10/29/2014 * Electronically provided signatures are accepted as original signatures.							