| No. **W 62502** | **Due no later than May 31, 2010**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>KYLE L. PALMER, M.D., PLLC<br>JILL PALMER<br>3875 E OVERLAND RD<br>MERIDIAN ID 83642 | KYLE L PALMER MD<br>3875 E OVERLAND RD<br>MERIDIAN ID 83642<br><br>3. New 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 | KYLE L PALMER MD | 3875 E OVERLAND RD | MERIDIAN | ID | USA | 83642 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 62502** | Signature: Jill Palmer | Date: 05/24/2010 |
| | Name (type or print): Jill Palmer | Title: Administrator |

Processed 05/24/2010

* Electronically provided signatures are accepted as original signatures.