No. W 25850		Due no later than Sep 30, 2010 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GOODING FAMILY PHYSICIANS, PLLC REID W LOFGRAN 134 WEST 4TH AVE GOODING ID 83330 USA		134 W GOOD	IAN KUNZ 134 WEST 4TH AVE GOODING ID 83330 3. New Registered Agent Signature:*			
NO FILING HEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	reid W Loi	-GRAN	134 WEST 4TH AVE	GOODIN	NG ID	USA	83330	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Reid W. Lofgran			Date: 07/09/2010			
W 25850		Name (type or print): Reid W. Lofgran			Title: Manager			
Processed 07/09/2010 * Electronically provided signatures are accepted as original signatures.								