

No. <b>W 66041</b>	Due no later than August 31, 2008 <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  <b>NORTHRIDGE INTERNAL MEDICINE, PLLC</b> 36 PROFESSIONAL PLAZA STE <del>202</del> 102 REXBURG, ID 83440	SHAWN GEE 36 PROFESSIONAL PLAZA STE 202-102 REXBURG, ID 83440
		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MBR	Rodney Bakes	36 Professional Plaza STE-102	Rexburg	ID	83440
MBR	Steven H. Logran	36 Professional Plaza STE-102	Rexburg	ID	83440

5. Organized Under the Laws of:  
**IDAHO**  
**W 66041**

6.

Signature

Date

Name

(Typed or  
Printed)

Title

*Steven Logran MD*  
**Steven Logran MD** **Physician (MD)**

Issued 06/02/2008

Do Not Tape or Staple

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