

No. W 60296		Due no later than Mar 31, 2010		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		1. Mailing Address: Correct in this box if needed. ALLIED HEALTHCARE, PLLC JASON PARKER 677 S WOODRUFF AVE IDAHO FALLS ID 83401 USA		JASON PARKER 677 S WOODRUFF AVE IDAHO FALLS ID 83401			
				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	
MANAGER	JASON PARKER	5727 VEIL DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 60296		Signature: Jason Parker				Date: 01/13/2010	
		Name (type or print): Jason Parker				Title: Manager	
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					