No. **W 42374**	**Due no later than Aug 31, 2013** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** 4 PAR, LLC KIMBERLY A VORSE MD PO BOX 5000 KETCHUM ID 83340	KIMBERLY A VORSE MD 380 WASHINGTON AVE #201 KETCHUM ID 83340 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
MANAGER	KIMBERLY A VORSE MD	229 CEDAR DRIVE	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42374**	Signature: Kimberly Vorse	Date: 07/30/2013
	Name (type or print): Kimberly Vorse	Title: Manager

Processed 07/30/2013

* Electronically provided signatures are accepted as original signatures.