

No. <b>W 96647</b>		<b>Due no later than Sep 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SHARMA MEDICAL, PLLC AMIT SHARMA 1633 S WATERLEAF AVE EAGLE ID 83616		AMIT SHARMA MD 1633 S WATERLEAF AVE EAGLE ID 83616			
				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	AMIT SHARMA	1633 S WATER LEAF AVE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID W 96647</b>		6. Annual Report must be signed.* Signature: Amit sharma Name (type or print): Amit sharma Date: 07/20/2011 Title: Managing partner					
Processed 07/20/2011		* Electronically provided signatures are accepted as original signatures.					