No. W 66316		Due no later than Aug 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BMH PHYSICIANS CLINIC, LLC 98 POPLAR ST BLACKFOOT ID 83221		98 POPLAR S BLACKFOOT	LOUIS KRAMI 98 POPLAR ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BINGHAM LAI	ND, LLC	98 POPLAR ST	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lo		Date: 06/10/2010				
W 66316		Name (type o		Title: Manager				
Processed 06/10/2010	cessed 06/10/2010 * Electronically provided signatures are accepted as original signatures.							