No. <b>W 32729</b>		Due no later than Aug 31, 2010		2. Registo	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.  DAN DWYER, MD PLLC DAN DWYER, MD 5985 W. STATE STREET		960 BF BOISE	DAN DWYER MD 960 BROADWAY AVE STE 555 BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.		3. <u>New</u> R	3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DAN DWYER		MD	5985 W STATE STREET	BOISE	ID	USA	83703	
5. Organized Under the Laws of:  ID  W 32729		6. Annual Report must be signed.*  Signature: Dan Dwyer, MD  Name (type or print): Dan Dwyer, MD			Date: 09/16/2010 Title: Manager			
Processed 09/16/2010 * Electronically provided signatures are accepted as original signatures.								