No. W 27434		Due no later than Dec 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RMJ SAFARI, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		JAMES M RETMIER MD 401 GOODING ST N. STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	EMBER JAMES M RETMIER M		PO BOX 1293	TWIN FALLS	ID	USA	83303
MEMBER WILLIAM F 1		MAY MD PA	PO BOX 1293	TWIN FALLS	ID	USA	83303
MEMBER MARK WRIGH		HT, MD, PA	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
MEMBER TYLER WAYMEN		MENT, MD, PC	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
MEMBER BLAKE JOHNSON, MD, PA			PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Johi	Date: 12/01/2011				
W 27434		Name (type or		Title: Agent			
Processed 12/01/2011 * Electronically provided signatures are accepted as original signatures.							