

No. W 56514		Due no later than Nov 30, 2009		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. PHYSICIANS ACCOUNT MANAGEMENT, LLC DARLA COFFEY PO BOX 785 REXBURG ID 83440 USA		DALE P THOMSON 115 E MAIN X REXBURG ID 83440			
				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	DARLA COFFEY	4172 E 550 N	RIGBY	ID	USA	83442	
5. Organized Under the Laws of: ID W 56514		6. Annual Report must be signed.* Signature: Darla Coffey Name (type or print): Darla Coffey Date: 11/29/2009 Title: Owner					
Processed 11/29/2009		* Electronically provided signatures are accepted as original signatures.					