No. **W 90129**	**Due no later than Jan 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** GARY L. LOVELL, MD, PLLC GARY L LOVELL 473 MORGAN DR REXBURG ID 83440-1637	GARY L LOVELL 473 MORGAN DR REXBURG ID 83440-1637 3. New 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	GARY L LOVELL	473 MORGAN DR	REXBURG	ID	USA	83440-1637

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90129**	Signature: Gary L Lovell	Date: 11/09/2011
	Name (type or print): Gary L Lovell	Title: Md

Processed 11/09/2011

* Electronically provided signatures are accepted as original signatures.