

No. <b>W 1560</b>		<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PER-MED ASSOCIATES, LLC DAVID A WEEKS 410 S ORCHARD STE 148 BOISE ID 83705		DAVID A WEEKS 410 S ORCHARD STE 148 BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DAVID A WEEKS	410 S ORCHARD STE 148	BOISE	ID	USA	83705	
MEMBER	BELINDA L VINCENT	5002 E HOMEDALE RD	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:  <b>ID</b> <b>W 1560</b>		6. Annual Report must be signed.*  Signature: David A Weeks Name (type or print): David A Weeks					
		Date: 09/15/2012 Title: Partner					
Processed 09/15/2012      * Electronically provided signatures are accepted as original signatures.							