

No. W 54058		Due no later than Sep 30, 2009 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		1. Mailing Address: Correct in this box if needed. IDAHO PHYSICIANS CLINIC, LLC LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221		LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LOUIS D KRAML	Street or PO Address 98 POPLAR ST		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 54058		6. Annual Report must be signed.* Signature: Louis D. Kraml Name (type or print): Louis D. Kraml Date: 10/12/2009 Title: Ceo					
Processed 10/12/2009 * Electronically provided signatures are accepted as original signatures.							