

No. W 54058		Due no later than Sep 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		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			
				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	LOUIS D KRAML	98 POPLAR ST	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 54058		Signature: Louis D. Kraml				Date: 10/12/2009	
		Name (type or print): Louis D. Kraml				Title: Ceo	
Processed 10/12/2009		* Electronically provided signatures are accepted as original signatures.					