

No. W 105454		Due no later than Aug 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		1. Mailing Address: Correct in this box if needed. WILDERNESS MEDICAL OUTREACH PLLC MATTHEW J NELSON 2607 HIGHWAY 21 IDAHO CITY ID 83631		INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA			
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 MATTHEW JACOB NELSON	Street or PO Address 209 WILDERNESS WAY		City BOISE	State ID	Country USA	Postal Code 83716
5. Organized Under the Laws of: ID W 105454		6. Annual Report must be signed.* Signature: Matthew J Nelson Name (type or print): Matthew J Nelson Date: 10/01/2012 Title: Owner, MD					
Processed 10/01/2012 * Electronically provided signatures are accepted as original signatures.							