

No. W 28557		Due no later than Feb 29, 2012		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		Annual Report Form		RICHARD T HARPER 711 RIGBY LAKE DR #115 RIGBY ID 83442			
		1. Mailing Address: Correct in this box if needed. UPPER VALLEY FAMILY MEDICINE, PLLC RICHARD T HARPER 711 RIGBY LAKE DR #115 RIGBY ID 83442		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	RICHARD T HARPER	3921 EAST 154 NORTH	RIGBY	ID	USA	83442	
5. Organized Under the Laws of: ID W 28557		6. Annual Report must be signed.* Signature: Darin Berrett Name (type or print): Darin Berrett Date: 01/02/2012 Title: Business Manager					
Processed 01/02/2012		* Electronically provided signatures are accepted as original signatures.					