No. **W 104262**	**Due no later than Jun 30, 2014**	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** **1. Mailing Address: Correct in this box if needed.** UROLOGY CENTER OF IDAHO, PLLC BJORN SAUERWEIN PO BOX 1391 POCATELLO ID 83204	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 3. New 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	BJORN SAUERWEIN	500 S. 11TH AVE, SUITE 301	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 104262**	Signature: Eric L. Olsen	Date: 04/14/2014
	Name (type or print): Eric L. Olsen	Title: Registered Agent

Processed 04/14/2014

* Electronically provided signatures are accepted as original signatures.