

No. W 80064		Due no later than Dec 31, 2014 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. PROVIDENCE RADDX, PLLC DAVID M CAMERON, MD 488 POCANO AVE CHUBBUCK ID 83202 USA		DAVE R GALLAFENT 109 N ARTHUR POCATELLO 83204			
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 MEMBER	Name DAVID M CAMERON, MD	Street or PO Address 1151 HOSPITAL WAY BLDG B		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of: ID W 80064		6. Annual Report must be signed.* Signature: Anne Cameron Name (type or print): Anne Cameron Date: 12/18/2014 Title: Office manager					
Processed 12/18/2014 * Electronically provided signatures are accepted as original signatures.							