

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