

No. W 17616	Due no later than Dec 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SNAKE RIVER INTERNAL MEDICINE, PLLC BRIAN W FORTUIN MD PO BOX 1293 TWIN FALLS ID 83303-1293	BRIAN W FORTUIN 660 SHOSHONE ST E TWIN FALLS ID 83301	
		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	BRIAN W FORTUIN MD	660 SHOSHONE ST E	TWIN FALLS ID USA 83301
MEMBER	ROBERT S LOBB MD	660 SHOSHONE ST E	TWIN FALLS ID USA 83301
MEMBER	PATRICK P DESMOND MD	660 SHOSHONE ST E	TWIN FALLS ID USA 83301
5. Organized Under the Laws of: ID W 17616	6. Annual Report must be signed.* Signature: John A Coleman Name (type or print): John A Coleman		Date: 10/16/2009 Title: Accountant
Processed 10/16/2009		* Electronically provided signatures are accepted as original signatures.	