No. W 3267	Due no later than Dec 31, 2010 Annual Report Form		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:				DR. BRYCE T BRADLEY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			1519 W HAYS ST BOISE ID 83702-4027			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DR. BRYCE T. BRADLEY AND ASSOCIATES, CERTIFIED PUBLIC ACCOUNTANTS, P.L.L.C. DR. BRYCE T BRADLEY 1519 W HAYS ST BOISE ID 83702-4027		BOISE ID				
			3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF							
RECEIVED BY DUE DATE							
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 DR. BRYCE	T BRADLEY	1519 W HAYS ST	BOISE	ID	USA	83702-4027	
5. Organized Under the Laws of:	Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Bryce T. Bradley			Date: 12/27/2010			
W 3267	Name (type or print): Bryce T. Bradley			Title: Manager			
Processed 12/27/2010	* Electronically provided signatures are accepted as original signatures.						