No. **W 9988**	**Due no later than Oct 31, 2012**	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.** IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405	BART M DAVIS 1075 S UTAH STE 322 IDAHO FALLS ID 83402 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	RON W PORTER, MD	260 HARRISBURG	IDAHO FALLS	ID	USA	83404
MANAGER	SCOTT A SMITH, MD	3355 S. HOLMES	IDAHO FALLS	ID	USA	83404
MANAGER	JOSEPH MOORE	3901 TAYLORVIEW LANE	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 9988**	Signature: Bart M. Davis	Date: 08/16/2012
	Name (type or print): Bart M. Davis	Title: Registered Agent

Processed 08/16/2012

* Electronically provided signatures are accepted as original signatures.