

No. W 10958		Due no later than Jan 31, 2009		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. PHYSICIANS CLINIC, PLLC DR TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713 USA		DR TERRY LITTLE 4750 N FIVE MILE RD BOISE ID 83713			
				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	
MANAGER	DR TERRY LITTLE	4750 N FIVE MILE RD	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 10958		6. Annual Report must be signed.* Signature: Terry M. Little Name (type or print): Terry M. Little Date: 01/06/2009 Title: Manager					
Processed 01/06/2009		* Electronically provided signatures are accepted as original signatures.					