No. W 64474		Due no later than Jul 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRIAN B PETERSON 340 E 2ND N MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BALDRIDGE FAMILY MEDICINE, A PROFESSIONAL COMPANY SCOTT A BALDRIDGE 515 E 17TH N MOUNTAIN HOME ID 83647					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Companies:	: Enter Nar	mes and Addresses of a	it least one Member or Manager.				
Office Held Na	ime		Street or PO Address	City	State	Country	Postal Code
MEMBER SC	COTT ALAI	N BALDRIDGE DO	515 E 1 <i>7</i> TH N	MOUNTAIN HOME	E ID	USA	83647
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64474		Signature: Scott A. Baldridge		Date: 05/23/2011			
		Name (type or print): Scott A. Baldridge		Title: Member			
Processed 05/23/2011	* Electronically provided signatures are accepted as original signatures.						