No. W 100782	Due no later than Feb 29, 2012	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	KELLY L MILLER				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	3615 VISTA DR NAMPA ID 83686				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHYSICIAN ACCOUNT SERVICES, LLC KELLY L MILLER 2422 12TH AVE RD #367	3. New Registered Agent Signature:*				
	NAMPA ID 83686-6300					
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER KELLY MIL	LER 3615 VISTA DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kelly Miller	Date: 03/14/2012				
W 100782 Name (type or print): Kelly Miller		Title: Manager				
Processed 03/14/2012	* Electronically provided signatures are accepted as original signatures.					