No. **W 119489**	**Due no later than Dec 31, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** UROCARE, PLLC JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293	JOHN A COLEMAN 401 GOODING STREET N STE 201 TWIN FALLS ID 83301 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
MEMBER	JASON R GREENHALGH	PO BOX 1293	TWIN FALLS	ID	USA	83303

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 119489**	Signature: John Coleman	Date: 10/23/2013
	Name (type or print): John Coleman	Title: Agent

Processed 10/23/2013

* Electronically provided signatures are accepted as original signatures.