No. <b>W 76969</b>		Due no later than Aug 31, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MD MEDICAL LLC DAVID D SUNDHOLM PO BOX 6737 KETCHUM ID 83340 USA		34 TERRACE HAILEY ID	DAVID D SUNDHOLM 34 TERRACE CIRCLE HAILEY ID 83333  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		JOSA						
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID D SUNDHOLM		P.O. BOX 6737	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76969		Signature: Dav		Date: 08/08/2009				
		Name (type or		Title: President				
Processed 08/08/2009 * Electronically provided signatures are accepted as original signatures.								