

No. W 96131		Due no later than Sep 30, 2011		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. PUZZLE PEDIATRICS PLLC C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647		C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647	
				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	C TRAVIS CRIDDLE	465 MCKENNA DR	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 96131		6. Annual Report must be signed.* Signature: C Travis Criddle Name (type or print): C Travis Criddle Date: 09/07/2011 Title: Manager			
Processed 09/07/2011		* Electronically provided signatures are accepted as original signatures.			