

No. W 122676	Due no later than Mar 31, 2014 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.		SHANNON TAYLOR 3629 WOODHAVEN LN IDAHO FALLS ID 83404			
	MV INTERNAL MEDICINE LLC 15 W MAIN REXBURG ID 83440		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
MEMBER	SCOTT TAYLOR	3629 WOODHAVEN LANE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 122676		6. Annual Report must be signed.* Signature: Shannon Taylor Name (type or print): Shannon Taylor		Date: 04/21/2014 Title: Manager		
Processed 04/21/2014		* Electronically provided signatures are accepted as original signatures.				