No. **W 56993**	**Due no later than Dec 31, 2010** **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.** KIM L. COX, MD, PLLC KIM L COX 500 S 11TH AVE 4TH FLOOR POCATELLO ID 83201	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83204 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	KIM L COX	500 S 11TH AVE 4TH FLOOR	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56993**	Signature: Kim Cox	Date: 10/08/2010
	Name (type or print): Kim Cox	Title: Member

Processed 10/08/2010

* Electronically provided signatures are accepted as original signatures.