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| No. W 64474 | | Due no later than Jul 31, 2008 | | 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. BALDRIDGE FAMILY MEDICINE, A PROFESSIONAL COMPANY SCOTT A BALDRIDGE 515 E 17TH N MOUNTAIN HOME ID 83647 USA | | BRIAN B PETERSON 340 E 2ND N 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 |
| MEMBER | SCOTT ALAN BALDRIDGE DO | 515 E 17TH N | MOUNTAIN HOME | ID | USA 83647 |
| 5. Organized Under the Laws of: ID W 64474 | | 6. Annual Report must be signed.* Signature: Scott Alan Baldrige Name (type or print): Scott Alan Baldrige Date: 08/07/2008 Title: Do | | | |
| Processed 08/07/2008 | | * Electronically provided signatures are accepted as original signatures. | | | |