

No. <b>W 30385</b>		Due no later than May 31, 2010 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> PHYSICIAN ASSISTANTS OF SOUTHERN IDAHO, P.L.L.C. NEELIE BERLIN WILLIS 2527 E 3707 N TWIN FALLS ID 83301		NEELIE BERLIN WILLIS 2527 E 3707 N TWIN FALLS ID 83301			
				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	S.I.P.A.C., INC.	2527 E 3707 N	TWIN FALLS	ID	USA	83301	
MEMBER	NICK PERIUS, PA-C, PA	2519 E 3719 N	TWIN FALLS	ID	USA	83301	
MEMBER	SCHOTT SCHRADER, PA-C	P.O. BOX 6022	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:  <b>ID W 30385</b>		6. Annual Report must be signed.* Signature: S.I.P.A.C., Inc Date: 03/15/2010 Name (type or print): S.I.P.A.C., Inc Title: Member					
Processed 03/15/2010		* Electronically provided signatures are accepted as original signatures.					