

No. <b>W 76937</b>		<b>Due no later than Aug 31, 2010</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  RIT CLINICS, LLC DR JASON D WEST 2950 TREVOR ST POCATELLO ID 83201		JASON D WEST 2950 TREVOR ST POCATELLO ID 83201			
				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	JASON WEST	2950 TREVOR	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID W 76937</b>		6. Annual Report must be signed.* Signature: Jason West Name (type or print): Jason West Date: 09/13/2010 Title: President					
Processed 09/13/2010		* Electronically provided signatures are accepted as original signatures.					