

No. <b>W 122676</b>	<b>Due no later than Mar 31, 2015</b> <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> MV INTERNAL MEDICINE LLC SCOTT TAYLOR 15 W MAIN REXBURG ID 83440	SHANNON TAYLOR 3629 WOODHAVEN LN IDAHO FALLS 83404				
		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:  <b>ID</b> <b>W 122676</b>	6. Annual Report must be signed.* Signature: Scott Taylor Name (type or print): Scott Taylor		Date: 01/15/2015 Title: member			
Processed 01/15/2015		* Electronically provided signatures are accepted as original signatures.				