No. **W 14810**	**Due no later than Mar 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.** GIBBON CLINIC L.L.C. CHRISTINE E GIBBON 801 E MEDICAL CT POST FALLS ID 83854 USA	RICHARD S GIBBON 801 E MEDICAL CT POST FALLS ID 83854 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
MANAGER	RICHARD S GIBBON	801 E MEDICAL CT	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 14810**	Signature: Christine E Gibon	Date: 01/14/2010
	Name (type or print): Christine E Gibon	Title: Owner/spouse

Processed 01/14/2010

* Electronically provided signatures are accepted as original signatures.