

# AMENDED ANNUAL REPORT

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Corporation Division

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OREGON SECRETARY OF STATE

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REGISTRY NUMBER 2822997

REGISTRATION DATE 07/03/2001

BUSINESS NAME THOMAS THRALL MD, LLC

BUSINESS ACTIVITY PHYSICIAN SOLE PROPRIETORSHIP

MAILING ADDRESS 24020 NW RIDGE RD  
FOREST GROVE OR 97116 USA

TYPE DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS 2650 SUZANNE WAY, #200  
EUGENE OR 97408 USA

JURISDICTION OREGON

REGISTERED AGENT THOMAS THRALL  
24020 NW RIDGE RD  
FOREST GROVE OR 97116 USA

MEMBER THOMAS THRALL  
24020 NW RIDGE RD  
FOREST GROVE OR 97116 USA

SIGNER THOMAS MICHAEL THRALL

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE      THOMAS MICHAEL THRALL

TITLE                              MEMBER

DATE SIGNED                      2011-05-23