

No. <b>W 8980</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>WAYNE E WRIGHT, M.D.</b> <b>526 SHOUP AVENUE WEST</b>  <b>TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, if Not Correct  <b>WRIGHT-HARRIS BUILDING L.L.C</b> <b>WAYNE E WRIGHT, M.D.</b> <b>526 SHOUP AVENUE WEST</b>  <b>TWIN FALLS ID 83301</b>		3. Organized Under the Laws of:  <b>ID W 8980</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
MEMBER	WAYNE WRIGHT, MD	526 SHOUP AVE W SUITE E	TWIN FALLS ID 83301
MEMBER	REED HARRIS, DO	✓	✓
5. Signature of New Registered Agent		6.	
		Signature <u>Joanne Wright</u> Date <u>8-12-99</u>	
		Name (Typed or Printed) <u>JOANNE WRIGHT</u> Title <u>Off Manager</u>	

ISSUED: 07-03-1999