

No. W 3842	Due no later than Apr 30, 2002 Annual Report Form		2. Registered Agent and Office 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 applicable A. DALE GULLEDGE, M.D., PLLC A DALE GULLEDGE 3719 W QUAIL HEIGHTS CT BOISE, ID 83703		A DALE GULLEDGE 3719 W QUAIL HEIGHTS CT BOISE, ID 83703													
3. <u>New</u> Registered Agent Signature																
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">MEMBER</td> <td style="text-align: center;">A. Dale GULLEDGE</td> <td style="text-align: center;">3719 QUAIL HTS. CT. W</td> <td style="text-align: center;">Boise</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83703</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	A. Dale GULLEDGE	3719 QUAIL HTS. CT. W	Boise	ID	83703
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MEMBER	A. Dale GULLEDGE	3719 QUAIL HTS. CT. W	Boise	ID	83703											
5. Organized Under the Laws of: IDAHO W 3842		6. Signature <u>A. Dale Gulledge M.D.</u> Date <u>2/13/02</u> Name <small>(Typed or Printed)</small> <u>A. Dale GULLEDGE</u> Title <u>M.D.</u>														