No. W 7192	Due no later than Oct 31, 2000	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	Annual Report Form 1. Mailing Address - Correct in this box. if applicable OVERLAND MEDICAL CENTER, PLLC SUSAN K GELLETLY MD 1525 S OWYHEE BOISE, ID 83705	SUSAN K GELLETLY MD 1525 S OWYHEE BOISE, ID 83705 3. <u>New</u> Registered Agent Signature
RECEIVED BY DUE DATE		
 Limited Liability Compan Office held Name 	ies: Enter Names and Addresses of Members. Street or P.O. Address <u>City</u>	<u>State</u> <u>Zip</u>
Momber Susan	K. GELETLY, MD 1525 5 OWYHER BOI	se 10 83705
Momber HUGH	STERLING, MD 1525 5 OWTHEE BOIS	SE ID 83705
5. Organized Under the Laws of: IDAHO W 7192	6. Signature <u>Sulutu</u> , m Name Printed Susan K. Gelletly, N	Date <u>11-14-00</u> Title: 1.D. XRIMXE <u>MEMBER</u>
Issued 11/08/2000	Do Not Tape or Staple	