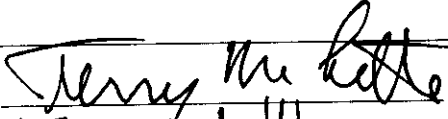


No. W 10958	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713												
	PHYSICIANS CLINIC, PLLC DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713														
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Terry M. Little</td> <td>4750 N. Five Mile Rd.</td> <td>Boise</td> <td>ID</td> <td>83713</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>	Manager	Terry M. Little	4750 N. Five Mile Rd.	Boise	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Terry M. Little	4750 N. Five Mile Rd.	Boise	ID	83713										
5. Organized Under the Laws of: IDAHO W 10958		6. Signature  Date <u>1/25/06</u> Name (Typed or Printed) <u>Terry M. Little</u> Title <u>Manager</u>													