

No. W 26287	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX HOLLY VAUGHAN 731 DIXON RD MCCAMMON, ID 83250													
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 VAUGHAN MEDICAL CONTRACTING, LLC HOLLY VAUGHAN 731 DIXON RD MCCAMMON, ID 83250		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Member</td> <td>Holly Vaughan</td> <td>731 Dixon Rd</td> <td>Mccammon</td> <td>ID</td> <td>83250</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	Holly Vaughan	731 Dixon Rd	Mccammon	ID	83250
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member	Holly Vaughan	731 Dixon Rd	Mccammon	ID	83250											
5. Organized Under the Laws of: IDAHO W 26287		6. Signature <u>Holly Vaughan</u> Date <u>8/18/05</u> Name (Typed or Printed) <u>Holly Vaughan</u> Title <u>member</u>														

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