

No. W 28863	<p style="text-align: center;">Due no later than February 28, 2007</p> <p style="text-align: center;">Annual Report Form</p>	2. Registered Agent and Office NO PO BOX
<p>Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>1. Mailing Address - Correct in this box, if applicable</p> <p>GIBBON JACOBSEN, LLC 801 E MEDICAL CT POST FALLS, ID 83854</p>	<p>LAWRENCE K GIBBON MD 801 E MEDICAL CT POST FALLS, ID 83854</p>
		<p>3. <u>New Registered Agent Signature</u></p>

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Lawrence Gibbon	801 E medical ct Postfalls			
manager	Cher Jacobsen	"		ID	83854

<p>5. Organized Under the Laws of: IDAHO W 28863</p>	<p>6. <u>Signature</u> <u>Lawrence Gibbon</u> Date <u>12-10-06</u></p> <p>Name <small>(Type or Printed)</small> <u>Lawrence Gibbon</u> Title <u>Manager</u></p>
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