


No. W 34719	Due no later than November 30, 2005		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	Annual Report Form		DR JAMES H BATES 2020 S EAGLE RD MERIDIAN, ID 83642												
	1. Mailing Address - Correct in this box, if applicable JAMES H. BATES, MD, PLLC DR JAMES H BATES 2020 S EAGLE RD MERIDIAN, ID 83642														
4. Limited Liability Companies: Enter Names and Addresses of Members.			3. <u>New</u> Registered Agent Signature												
<table border="1"> <thead> <tr> <th data-bbox="307 405 526 446"><u>Office held</u></th> <th data-bbox="526 405 788 446"><u>Name</u></th> <th data-bbox="788 405 1290 446"><u>Street or P.O. Address</u></th> <th data-bbox="1290 405 1487 446"><u>City</u></th> <th data-bbox="1487 405 1640 446"><u>State</u></th> <th data-bbox="1640 405 1862 446"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="307 446 526 529">member</td> <td data-bbox="526 446 788 529">James Bates</td> <td data-bbox="788 446 1290 529">5332 N. Blue Ash</td> <td data-bbox="1290 446 1487 529">Boise</td> <td data-bbox="1487 446 1640 529">ID</td> <td data-bbox="1640 446 1862 529">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>	member	James Bates	5332 N. Blue Ash	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>										
member	James Bates	5332 N. Blue Ash	Boise	ID	83713										
5. Organized Under the Laws of: IDAHO W 34719	6. Signature <u></u> Date <u>9/22/05</u> Name (Typed or Printed) <u>James Bates</u> Title <u>member</u>														

Issued 09/01/2005

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