

No. W 9841	Due no later than Sep 30, 2000 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		THOMAS V DAVIS, D.O. 333 N. 18TH STE B2 POCATELLO, ID 83201																		
	COOK AND DAVIS, LLC THOMAS V DAVIS, D.O. 333 N. 18TH STE B2 POCATELLO, ID 83201																				
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Thomas V DAVIS, D.O.</td> <td>P.O. Box 159</td> <td>ZN Kom</td> <td>ID</td> <td>83245</td> </tr> <tr> <td></td> <td>Darryl B Cook, M.D.</td> <td>7498 Port Portneuf Rd</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Thomas V DAVIS, D.O.	P.O. Box 159	ZN Kom	ID	83245		Darryl B Cook, M.D.	7498 Port Portneuf Rd	Pocatello	ID	83204
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5. Organized Under the Laws of: IDAHO W 9841	6. Signature <u><i>Thomas V Davis</i></u> Date <u>7/21/00</u> Name (Typed or Printed) <u>Thomas V DAVIS, D.O.</u> Title: <u>member</u> XXXX																				

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517