No. **W 21394**	**Due no later than Nov 30, 2008** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** IDAHO FALLS INFECTIOUS DISEASES, PLLC 2105 CORONADO ST IDAHO FALLS ID 83404	WINSTON V BEARD 2105 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RICHARD NATHAN DO	2900 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404
MANAGER	MARTHA BUITRAGO MD	2900 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21394**	Signature: Winston V. Beard	Date: 09/15/2008
	Name (type or print): Winston V. Beard	Title: Registered Agent

Processed 09/15/2008

* Electronically provided signatures are accepted as original signatures.