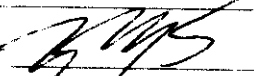


No. W 30998	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MERIDIAN ADULT MEDICINE, PLLC 520 S EAGLE RD # 3247 3225 MERIDIAN, ID 83642		LOUIS M SCHLICKMAN, MD 520 S EAGLE RD # 3247 3225 MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>President</td> <td>Louis M. Schlickman</td> <td>520 S Eagle 520 S Eagle #3225</td> <td>Meridian</td> <td>ID</td> <td>83642</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>	President	Louis M. Schlickman	520 S Eagle 520 S Eagle #3225	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Louis M. Schlickman	520 S Eagle 520 S Eagle #3225	Meridian	ID	83642										
5. Organized Under the Laws of: IDAHO W 30998		6. Signature  Name <small>(Type or Print)</small> Louis M. Schlickman Title President Date 5/25/05													

Issued 04/01/2005

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