No. W 27963	Due no later than January 31, 2005	2. Registered Agent and Office NO PO BOX
eturn to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable RED FLAG MEDICAL CLINIC L.L.C. 5291 W SILVERLAKE LN BOISE, ID 83703	CHRISTINE J GILMORE 4902 W STATE ST BOISE, ID 83703 3. <u>New</u> Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
Limited Liability Compar	nies: Enter Names and Addresses of Managers.	
<u>Office held</u> <u>Name</u> Mana yer Christine J	Street or P O Address	y <u>State Zp</u> oi-se ID 93703
5. Organized Under the Laws of: IDAHO W 27963	6. Signature <u>Chitoline</u> <u>Stikm</u> Name (Typed or <u>CHRISTINE</u> J. GILI	Date 11/16/04 Mure Title Manager
Issued 11/01/2004	Do Not Tape or Staple	2.00501E+11