Return to:	Due no later than July 31, 2006  Annual Report Form  2. Registered	Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SCOTT H. PRESSMAN, M.D. PO BOX 7534 BOISE, ID 83707  SCOTT H P 901 N CURT BOISE, ID 8	RESSMAN MD IS STE 302
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companie	3. New Registres: Enter Names and Addresses of Members.	ered Agent Signature
Office held Name		
· <del></del> -	Street or P.O. Address City St	ate Zip
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