

No. W 32952	Due no later than Sep 30, 2007 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.		DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401			
	ALPINE LABS PLLC DAVID BOMAN 329 S WOODRUFF IDAHO FALLS ID 83401		3. <u>New</u> 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	IDAHO URGENT CARE	740 S WOODRUFF	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 32952		6. Annual Report must be signed.* Signature: David Boman Name (type or print): David Boman		Date: 08/01/2007 Title: Manager		
Processed 08/01/2007		* Electronically provided signatures are accepted as original signatures.				