

No. **W 8957**

**Due no later than June 30, 2005**  
**Annual Report Form**

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**

PLAZA URGENT CARE, PLLC  
MICHAEL M PACKER  
1 PROFESSIONAL PLAZA  
REXBURG, ID 83440

2. Registered Agent and Office **NO PO BOX**

MICHAEL M PACKER  
1 PROFESSIONAL PLAZA  
REXBURG, ID 83440

**3. New Registered Agent Signature**

**4. Limited Liability Companies: Enter Names and Addresses of Managers.**

Office held Name

Street or P.O. Address

City

State

Zip

owner Michael Packer 1 professional plaza Rexburg, ID 83440

**5. Organized Under the Laws of:**

**IDAHO**  
**W 8957**

**6.**

Signature

Name (Type or  
Printed)

Mr. Packer Date 4/14/05  
Michael Packer Title owner