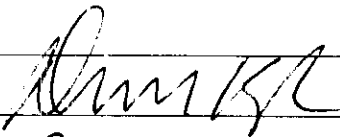


No. W 16612	Due no later than September 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HOUSECALLS HEALTH PUBLISHING, LLC 727 E RIVERPARK LN STE 200 BOISE, ID 83706		DAVID A BLACKMER DPM 727 E RIVERPARK LN STE 200 BOISE, ID 83706													
			3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>David A. Blackmer</td> <td>727 E. RiverPark Lane</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Member	David A. Blackmer	727 E. RiverPark Lane	Boise	ID	83706
Office held	Name	Street or P.O. Address	City	State	Zip											
Member	David A. Blackmer	727 E. RiverPark Lane	Boise	ID	83706											
5. Organized Under the Laws of: IDAHO W 16612		6. Signature  Date <u>7/16/06</u> Name (Typed or Printed) <u>David A Blackmer</u> Title <u>President</u>														

Issued 07/03/2006

Do Not Tape or Staple

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