

No. **W 6348**

**Due no later than Jun 30, 2002**

**Annual Report Form**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COMPREHENSIVE URGENT AND FAMILY CAR  
DR DAVID P. BOWMAN  
329 S WOODRUFF

IDAHO FALLS, ID 83401

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

DR DAVID P. BOWMAN  
329 S WOODRUFF

IDAHO FALLS, ID 83401

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

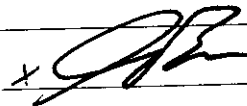
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member:	David P. Bowman	5223 Sagewood	Idaho Falls	ID	83406

5. Organized Under the Laws of:

IDAHO  
W 6348

6.

Signature



Date

4-10-02

Name (Typed or Printed)

David Bowman

Title

Member