

<b>No. W 17093</b>	<b>Due no later than Nov 30, 2002 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  REXBURG FAMILY CARE, PLLC W BRAD SPEAKMAN 70 N CENTER SUITE 1 REXBURG, ID 83440		W BRAD SPEAKMAN 70 N CENTER SUITE 1 REXBURG, ID 83440  <b>3. New Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>W. Brad Speakman,</td> <td>309 S. Teton Ave,</td> <td>Sugar City</td> <td>ID</td> <td>83448</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		W. Brad Speakman,	309 S. Teton Ave,	Sugar City	ID	83448
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	W. Brad Speakman,	309 S. Teton Ave,	Sugar City	ID	83448										
<b>5. Organized Under the Laws of:</b>  IDAHO W 17093	<b>6.</b> Signature <u>W. Brad Speakman</u> Date <u>9/11/02</u> Name <small>(Typed or Printed)</small> <u>W. Brad Speakman</u> Title _____														