No. W 283	Due no later than April 30, 2006	2. Registered Agent and Office NO PO BOX
No. W 263	Annual Report Form	KAREN FRALEY
Return to:	1. Mailing Address - Correct in this box, if applicable	1023 LINCOLN AVE
SECRETARY OF STATE	SPECIALTY MEDICAL SERVICES II, LLC	EMMETT, ID 83617
700 WEST JEFFERSON	KAREN FRALEY	
PO BOX 83720 BOISE, ID 83720-0080	1023 LINCOLN AVE	
BOISE, ID 83720-0000	EMMETT, ID 83617	3. New Registered Agent Signature
NO FILING FEE IF		
PROFINED BY DUE DATE		
4. Limited Liability Compan	ies: Enter Names and Addresses of Managers.	
	Street or P.O. Address	ity <u>State</u> <u>Zip</u>
Office held Name	_	
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5. Organized Under the Laws of:	\sim	Lect Title Member/own
IDAHO	Signature	
W 283	Name (Typed or Kayen V + VC	Tect_ Title Menube-/02070
	Name Printed)	200604001220
issued 02/02/2006	Do Not Tape or Staple	200004001220
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