

No. W 9988		Due no later than Oct 31, 2009		2. Registered Agent and Address (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		Annual Report Form		BART M DAVIS 1075 S UTAH STE 322 IDAHO FALLS ID 83402			
		1. Mailing Address: Correct in this box if needed. IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	RON W PORTER, MD	3785 BAROSSA DRIVE	IDAHO FALLS	ID	USA	83404	
MANAGER	SCOTT A SMITH, MD	2375 CORONADO	IDAHO FALLS	ID	USA	83404	
MANAGER	JOSEPH MOORE	3901 TAYLORVIEW LANE	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 9988		Signature: Bart M. Davis			Date: 08/26/2009		
		Name (type or print): Bart M. Davis			Title: Registered Agent		
Processed 08/26/2009		* Electronically provided signatures are accepted as original signatures.					