′ No. W 6891	Due no later than September 30, 2003 Annual Report Form	d Agent and Office NO PO BO
Return to:	1. Mailing Address - Correct in this box if applicable JOHN E G/	AMBOA, M.D.
SECRETARY OF STATE	9620 W PE	BBLEBROOK LANE
700 WEST JEFFERSON PO BOX 83720	JOHN E GAMBOA, M.D., P.L.L.C.	
BOISE, ID 83720-0080	9620 W PEBBLEBROOK LN	83703
		tered Agent Signature
NO FILING FEE IF	BOISE, ID 99793 83714	
RECEIVED BY DUE DATE	The Name and Addresses of Mambara	
Limited Liability Comp	panies: Enter Names and Addresses of Members. Street or P.O. Address City S	State Zip
Office held Name	0.0001.01.1.01.1.00.000	<u> 24</u>
Mulager John E	Gamboa 9620 W. Pebble Boise <u>T</u> Brook Lane	ED 83714
Mulager John E	Brook Lane	LD 83114
5. Organized Under the Laws of		
5. Organized Under the Laws of		e <u>7-13-200:</u> MD ~ Manage