

No. W 25850	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		REID W LOFGAN <i>IAN KUWZ</i> 134 WEST 4TH AVE GOODING, ID 83330
	GOODING FAMILY PHYSICIANS, PLLC REID W LOFGAN 134 WEST 4TH AVE GOODING, ID 83330		3. New Registered Agent Signature <i>[Signature]</i>

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

Office held	Name	Street or P.O. Address	City	State	Zip
OWNER	REID LOFGAN	2190 E. 180 SOUTH	GOODING	ID	83330
OWNER	IAN KUWZ	701 E. 8TH AVE	GOODING	ID	83330

5. Organized Under the Laws of: IDAHO W 25850	6. Signature <i>[Signature]</i>	Date <i>7-12-07</i>
	Name (Typed or Printed) <i>IAN B. KUWZ</i>	Title <i>OWNER</i>

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Do Not Tape or Staple

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