

No. W15431W15431

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

~~CITY MEDICAL GROUP LTD. CO.~~
~~280 N 8TH ST.~~
~~BOISE, ID 83702~~
280 N 8TH ST.
SUITE 139
BOISE, ID 83702

ALLAN R BOSCH
220 N 9TH ST STE 210

BOISE, ID 83702

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

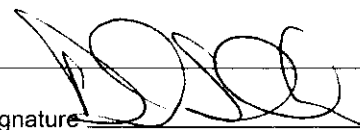
Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	DAVID CLEVERDON	1117D W. EDGEHILL DR	BOISE	ID	83702
MANAGER	POLLY CLEVERDON	1117D W. EDGEHILL DR	BOISE	ID	83702

5. Organized Under the Laws of:

IDaho
W15431

6.

Signature



Date

03-18-03

Name
(Typed or Printed)

DAVID J. CLEVERDON

Title

MANAGER