

No. **W 1930**

Due no later than Jan 31, 2001

**Annual Report Form**

Return to:

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

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

IDAHO TRAUMA SERVICES PLLC  
JOHN M LIVINGSTON, M.D.  
101 S CAPITOL BLVD, SUITE 1900

BOISE, ID 83702

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

DALE G HIGER  
101 S CAPITOL BLVD STE 1900

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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	John M. Livingston	999 N. Curtis Rd., Ste. 415	Boise	Idaho	83706

5. Organized Under the Laws of:

IDAHO  
W 1930

6.

Signature

Name  
(Typed or  
Printed)

John M. Livingston

Date

Title:

~~XXXX~~ Manager

Issued 11/01/2000

**Do Not Tape or Staple**

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