


No. W 28316 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than February 28, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable BRIAN L. SAMUELS, M.D., PLLC CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE, ID 83702		2. Registered Agent and Office NO PO BOX CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Brian L. Samuels, M.D.</td> <td>5371 E. Lisa Rd.</td> <td>Harrison</td> <td>ID</td> <td>83833</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Brian L. Samuels, M.D.	5371 E. Lisa Rd.	Harrison	ID	83833
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 28316 </div>		6. Signature  Date <u>2/24/05</u> Name <small>(Typed or Printed)</small> <u>Brian L. Samuels, M.D.</u> Title <u>Member</u>															

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