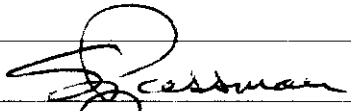


| No. W 25116 | Due no later than July 31, 2005 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|---|---|------------------------|---|-------------|-------|------------------------|------|-------|-----|------------|-------------------|-------------|-------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable SCOTT H. PRESSMAN, M.D. 2885 LOS ALTOS MERIDIAN, ID 83642 PO Box 7534 Boise ID 83707 | | SCOTT H PRESSMAN MD 901 N CURTIS STE 302 BOISE, ID 83706 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres. Dent</td> <td>Scott Pressman MD</td> <td>PO Box 7534</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres. Dent | Scott Pressman MD | PO Box 7534 | Boise | ID | 83707 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | |
| Pres. Dent | Scott Pressman MD | PO Box 7534 | Boise | ID | 83707 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 25116 | 6. Signature  Name <small>(typed or printed)</small> Pressman Date 5/5/05 Title MD | | | | | | | | | | | | | | |

Issued 05/02/2005

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