

<b>No. W 283</b>	<b>Due no later than Apr 30, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  KAREN FRALEY 1023 LINCOLN AVE  EMMETT, ID 83617												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  SPECIALTY MEDICAL SERVICES II, LLC KAREN FRALEY 1023 LINCOLN AVE  EMMETT, ID 83617		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Karen V. Fraley</td> <td>1023 S Lincoln Ave</td> <td>Emmett</td> <td>ID</td> <td>83617</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	member	Karen V. Fraley	1023 S Lincoln Ave	Emmett	ID	83617
Office held	Name	Street or P.O. Address	City	State	Zip										
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5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 283</div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Signature <i>Karen V. Fraley</i></td> <td style="width: 50%;">Date <i>5/7/05</i></td> </tr> <tr> <td>Name <small>(Type or Print)</small> <i>Karen V. Fraley</i></td> <td>Title <i>owner</i></td> </tr> </table>		Signature <i>Karen V. Fraley</i>	Date <i>5/7/05</i>	Name <small>(Type or Print)</small> <i>Karen V. Fraley</i>	Title <i>owner</i>								
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