

No. W 6348		Due no later than Jun 30, 2007		2. Registered Agent and Address (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 needed. COMPREHENSIVE URGENT AND FAMILY CARE P.L.L.C. DR DAVID P. BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401		DR DAVID P. BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DR DAVID P. BOWMAN	5223 SAGEWOOD	IDAHO FALLS	ID		83406	
MEMBER	KIMBERLY BOWMAN	5223 SAGEWOOD	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: IDAHO W 6348		6. Annual Report must be signed.* Signature: DR DAVID BOWMAN Name (type or print): DR DAVID BOWMAN Date: 04/10/2007 Title: MANAGER					
Processed 04/10/2007		* Electronically provided signatures are accepted as original signatures.					