

No. **W 33757****Due no later than October 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**1. Mailing Address - Correct in this box, if applicable**THOMAS MORE, LLC
323 N SPOKANE ST
POST FALLS, ID 83854THOMAS R DETAR MD
323 N SPOKANE ST
POST FALLS, ID 83854**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip~~Managing~~ member Thomas R deTar

323 N. Spokane St

Post Falls ID 83854

member

Cynthia W. deTar

323 N. Spokane St

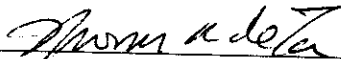
Post Falls, ID 83854

5. Organized Under the Laws of:

IDAHO
W 33757

6.

Signature



Date

8/8/05

Name (Typed or Printed)

Thomas R deTar

Title

physician

Issued 08/01/2005

Do Not Tape or Staple

200510001848