

No. **W 30728**

Due no later than **May 31, 2007**

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

**UPPER VALLEY PEDIATRICS, PLLC
SHAWN GEE
36 PROFESSIONAL PLAZA
REXBURG, ID 83440**

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36 PROFESSIONAL PLAZA
REXBURG, ID 83440**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	GENE P. GATES, MD, PA	36 PROFESSIONAL PLAZA	REXBURG	ID	83440
MEMBER	ROBERT C. LOFGREN MD, PA	36 PROFESSIONAL PLAZA	REXBURG	ID	83440

5. Organized Under the Laws of:
**IDAHO
W 30728**

6. Signature Shawn Gee Date 3/20/2007

Name (Typed or Printed) SHAWN GEE Title AGENT

Issued 03/01/2007

Do Not Tape or Staple

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