

No. W 12432

Due no later than July 31, 2005
Annual Report Form

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

DOCTOR'S CLINIC OF ELMORE COUNTY P.
2000 AMERICAN LEGION BLVD
MOUNTAIN HOME, ID 83647

2. Registered Agent and Office **NO PO BOX**

LAYNE D ROBERTS DO
2000 AMERICAN LEGION BLVD
MOUNTAIN HOME, ID 83647

3. New Registered Agent Signature

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

Office held Name

Street or P.O. Address

City

State

Zip

Member/Manager Layne D Roberts 2000 American Legion Blvd MT. Home ID 83647

5. Organized Under the Laws of:

IDAHO
W 12432

6.

Signature

Name
(Optional
Printed)

Layne D Roberts

Date 5-24-05

Title Member/Manager