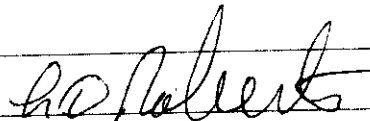


No. W 12432	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		LAYNE D ROBERTS DO 2000 AMERICAN LEGION BLVD MOUNTAIN HOME, ID 83647												
	DOCTOR'S CLINIC OF ELMORE COUNTY P. 2000 AMERICAN LEGION BLVD MOUNTAIN HOME, ID 83647														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member/manager</td> <td>Layne D Roberts</td> <td>2000 American Legion Blvd</td> <td>MT. Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	member/manager	Layne D Roberts	2000 American Legion Blvd	MT. Home	ID	83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
member/manager	Layne D Roberts	2000 American Legion Blvd	MT. Home	ID	83647										
5. Organized Under the Laws of: IDAHO W 12432	6. Signature  Date <u>5-24-05</u> Name <small>(Type or Print)</small> <u>Layne D Roberts</u> Title <u>member/manager</u>														

Issued 05/02/2005

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