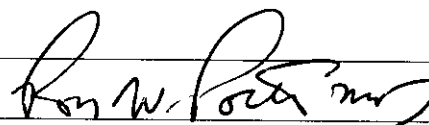
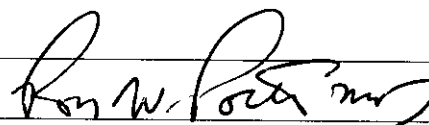
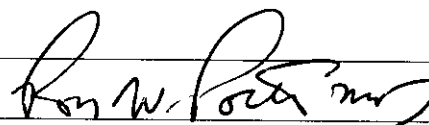


No. W 9988	Due no later than Oct 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		BART M DAVIS 696 S BELLIN RD																								
	IDAHO FALLS PEDIATRICS, P.L.L.C. 3355 S HOLMES		IDAHO FALLS, ID 83402																								
	IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" data-bbox="289 343 1642 507"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Operating Manager</td> <td>Ron W. Porter, MD</td> <td>3355 S. Holmes</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Member</td> <td>Ron W. Porter, MD</td> <td>3355 S. Holmes</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Kari Porter</td> <td>3355 S. Holmes</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Operating Manager	Ron W. Porter, MD	3355 S. Holmes	Idaho Falls	ID	83404	Member	Ron W. Porter, MD	3355 S. Holmes	Idaho Falls	ID	83404	Secretary	Kari Porter	3355 S. Holmes	Idaho Falls	ID	83404
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5. Organized Under the Laws of: IDAHO W 9988	6. <table border="1" data-bbox="763 699 1651 823"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9/28/00</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Ron W. Porter, MD</td> <td>Title:</td> <td>Operating Manager</td> </tr> </table>			Signature		Date	9/28/00	Name (Typed or Printed)	Ron W. Porter, MD	Title:	Operating Manager																
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Issued 08/01/2000

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