

<b>No. W 5433</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jan 31, 2002</b> <b>Annual Report Form</b> <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box if applicable</div> CUDMORE CLINIC, PLLC W ALLEN RADER 1423 W FRANKLIN ST  BOISE, ID 83702	2. Registered Agent and Office <b>NO PO BOX</b> DIXIE HEATON 1423 W. FRANKLIN ST  BOISE, ID 83702  3. <u>New</u> Registered Agent Signature
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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>
MBR	W Allen Rader	1423 W. Franklin St.	Boise	ID	83702

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 5433</div>	6. Signature <u><i>C. Rader</i></u> Date <u>11/29/02</u> <div style="display: flex; justify-content: space-between;"> <span>Name <small>(Typed or Printed)</small> _____</span> <span>Title _____</span> </div>
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