

No. **J 1303**Due no later than **June 30, 2006**

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

FALLS CENTRE FOR FUNCTIONAL MEDICIN
488 BLUE LAKES BLVD N #104
TWIN FALLS, ID 833012. Registered Agent and Office **NO PO BOX**LAURENCE V HICKS JR
488 BLUE LAKES BLVD N #104
TWIN FALLS, ID 833013. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office heldNameStreet or P.O. AddressCityStateZipLaurence Hicks, ~~SR~~
Ste 104
488 Blue Lakes Blvd N
Twin Falls, ID 83301-4881Laurence Hicks, ~~JR~~
Ste 104
488 Blue Lakes Blvd N
Twin Falls, ID 83301-4881~~GEOFFREY HICKS~~
Ste 104
488 Blue Lakes Blvd N
Twin Falls, ID 83301-4881

5. Organized Under the Laws of:

IDAHO
J 1303

6.

Signature

Date

4/10/06

Name

(Typed or
Printed)

Laurence V. Hicks, Jr.

Title

PARTNER

200606002788

Issued 04/03/2006

Do Not Tape or Staple