

No.

W 50508

Due no later than May 31, 2007
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

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

EIKEN MEDICAL PLLC
ALEX P BORMANN
~~1045 N 10TH E~~
~~MTN HOME, ID 83647~~

4696 W. Overland Rd
Ste 228
Boise, ID 83705

MOLLY O'LEARY
515 N 27TH ST
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT and MANAGER	ALEX P. BORMANN, MD	4696 W. OVERLAND RD, SUITE 228	BOISE	ID	83705

5. Organized Under the Laws of:

IDAHO
W 50508

6.

Signature

Date

3/8/07

Name (Typed or Printed)

ALEX P. BORMANN, MD

Title

PRESIDENT &
MANAGER

Issued 03/01/2007

Do Not Tape or Staple

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