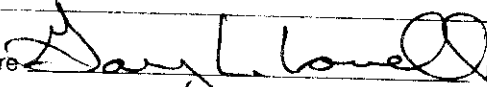


No. <b>W 9383</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than July 31, 2005</b> <b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b> TARGHEE MEDICAL ASSOCIATES, L.L.C. GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG, ID 83440	2. Registered Agent and Office <b>NO PO BOX</b> GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG, ID 83440  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Gary L Lovell</td> <td>473 Morgan Dr.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Member</td> <td>Robert Lofgren</td> <td>1874 Morningside</td> <td>Rexburg</td> <td>ID</td> <td>83440</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>	Manager	Gary L Lovell	473 Morgan Dr.	Rexburg	ID	83440	Member	Robert Lofgren	1874 Morningside	Rexburg	ID	83440
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5. Organized Under the Laws of:  IDAHO W 9383	6. Signature  Date <u>3 June 2005</u>  Name <small>typed or printed</small> <u>Gary L Lovell</u> Title <u>Manager</u>																			

Issued 05/02/2005

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