

No. J 818	Due no later than November 30, 2005		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	Annual Report Form		MARIANNE ZAKARIAN MD																			
	1. Mailing Address - Correct in this box, if applicable IDAHO OBSTETRICS AND GYNECOLOGY, LL 900 N LIBERTY MEDICAL PARK STE 204 BOISE, ID 83704		900 N LIBERTY MEDICAL PARK STE 204 BOISE, ID 83704 3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table border="1"> <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>Partner</td> <td>- Alison Shearer-App, MD</td> <td>900 N. Liberty St. Suite 204</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Partner</td> <td>- Marianne Zakarian, MD</td> <td>900 N. Liberty St. Suite 204</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Partner	- Alison Shearer-App, MD	900 N. Liberty St. Suite 204	BOISE	ID	83704	Partner	- Marianne Zakarian, MD	900 N. Liberty St. Suite 204	BOISE	ID	83704
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Partner	- Marianne Zakarian, MD	900 N. Liberty St. Suite 204	BOISE	ID	83704																	
5. Organized Under the Laws of: IDAHO J 818		6. Signature  Name (Typed or Printed) <u>Marianne Zakarian</u> Title <u>Partner</u> Date <u>9-9-05</u>																				

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Do Not Tape or Staple

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