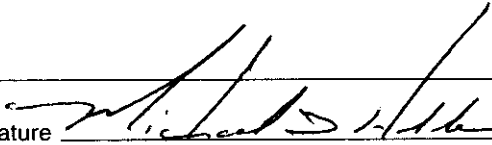


No. W 33480	Due no later than September 30, 2005		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		NATIONAL REGISTERED AGENTS INC													
	1. Mailing Address - Correct in this box, if applicable INDIAN CREEK FAMILY MEDICINE, LLC P O BOX 429 KUNA, ID 83634		1423 TYRELL LANE BOISE, ID 83706 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>managers</td> <td>michael D Holden</td> <td>6475 S Lodge pole Pl</td> <td>Boise</td> <td>Id</td> <td>83716-7117</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>	managers	michael D Holden	6475 S Lodge pole Pl	Boise	Id	83716-7117
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managers	michael D Holden	6475 S Lodge pole Pl	Boise	Id	83716-7117											
5. Organized Under the Laws of: IDAHO W 33480		6.  Signature _____ Date <u>9/21/2005</u> Name (Typed or Printed) <u>Michael D. Holden</u> Title <u>managers</u>														

Issued 07/05/2005

Do Not Tape or Staple

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