

No. **W 33480**

Due no later than September 30, 2005
Annual Report Form

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

INDIAN CREEK FAMILY MEDICINE, LLC
P O BOX 429
KUNA, ID 83634

2. Registered Agent and Office **NO PO BOX**

NATIONAL REGISTERED AGENTS INC
1423 TYRELL LANE
BOISE, ID 83706

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Michael D Holden	6475 S Lodge pole Pl	Boise	Id	83716-7117

5. Organized Under the Laws of:

IDAHO
W 33480

6.

Signature

(Typed or
Printed)

Michael D. Holden

Date 9/21/2005

Title manager