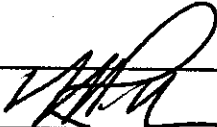


No. W 22870	Due no later than February 28, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX MARCIA PRICE-MILLER 1417 N 19TH ST BOISE, ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PRICE-MILLER FAMILY MEDICINE, PLLC 1417 N 19TH ST BOISE, ID 83702		3. <u>New</u> 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 Marcia Price-Miller		1417 N. 19th St. Boise ID. 83702	
5. Organized Under the Laws of: IDAHO W 22870		6. Signature  Date <u>12/14/06</u> Name (Typed or Printed) <u>Marcia Price-Miller</u> Title <u>MD</u>	