

No. **W 9383**

Due no later than Jul 31, 2001

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

TARGHEE MEDICAL ASSOCIATES, L.L.C.

GARY L. LOVELL, M.D.
36 PROFESSIONAL PLAZA

REXBURG, ID 83440

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

GARY L. LOVELL, M.D.
36 PROFESSIONAL PLAZA

REXBURG, ID 83440

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	Robert Lofgran MD	36 Prof Plaza	Rexbury	Id	83440

5. Organized Under the Laws of:

IDAHO
W 9383

6.

Signature

Name
(Typed or
Printed)

Gary L. Lovell

Date

Title:

6-16-01

Gary L. Lovell MD