

No. W 28574		Due no later than Feb 29, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. URGENT CARE, PLLC DAVID BOWMAN 329 S WOODRUFF AVE IDAHO FALLS ID 83401		DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID BOWMAN	3740 HIDDEN HAVEN	IDAHO FALLS	ID	USA	83406	
MANAGER	KIMBERLY BOWMAN	3740 HIDDEN HAVEN	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID W 28574		6. Annual Report must be signed.* Signature: David Bowman Name (type or print): David Bowman					
		Date: 12/09/2007 Title: Manager					
Processed 12/09/2007		* Electronically provided signatures are accepted as original signatures.					