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| No. W 10958 | | Due no later than January 31, 2007 | | 2. Registered Agent and Office NO PO BOX | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address - Correct in this box, if applicable PHYSICIANS CLINIC, PLLC DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713 | | DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713 | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. | | | | | |
| <u>Office held</u> Member Mgt | <u>Name</u> Terry M Little | <u>Street or P.O. Address</u> 4750 N Five Mile Rd | <u>City</u> Boise | <u>State</u> ID | <u>Zip</u> 83713 |
| 5. Organized Under the Laws of: IDAHO W 10958 | | 6. Signature <u>Terry M Little</u> Name (Typed or Printed) <u>Terry M. Little</u> | | Date <u>10/29/06</u> Title _____ | |
| Issued 11/01/2006 | | Do Not Tape or Staple | | | |