

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1990

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                         |
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| No. <b>335</b><br><br>Return To<br><br><b>Secretary of State</b><br><b>700 W Jefferson</b><br><b>P.O. Box 83720</b><br><b>Boise, ID 83720-0080</b><br><b>* FIRST NOTICE *</b><br><b>NO FEE REQUIRED</b> | <b>Idaho Limited Liability Company Annual Report Form</b><br><br><i>Due No Later Than November 30, 1995</i><br>1. Mailing Address -- Please Correct If Not Correct<br><b>SAGE GROUP, L.L.C. (THE)</b><br><del><b>DR STEVE BROWN</b></del><br><b>339 N ALLUMBAUGH</b><br><br><b>BOISE</b> ID <b>83704</b> | 2. Registered Agent and Office NOT A P.O. BOX<br><b>DAVID A KENT, M.D.</b><br><b>339 N ALLUMBAUGH</b><br><br><b>BOISE</b> ID <b>83704</b><br><br>3. Organized Under The Laws of<br>ID<br>NO: <b>335</b> |
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| 4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) |                          | MUST BE PRINTED OR TYPED |       |       |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------|-------|
| Name                                                                                                                   | Street or P.O. Address   | City                     | State | Zip   |
| David A. Kent, M.D.                                                                                                    | 339 N. Allumbaugh Street | Boise                    | Idaho | 83704 |
| Charles C. Novak, M.D.                                                                                                 | 339 N. Allumbaugh Street | Boise                    | Idaho | 83704 |
| Cantril Nielsen, M.D.                                                                                                  | 319 N. Allumbaugh Street | Boise                    | Idaho | 83704 |
| Stephen T. Bushi, M.D.                                                                                                 | 339 N. Allumbaugh Street | Boise                    | Idaho | 83704 |

  

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| 5. Signature of the Current Registered Agent<br>(if changed in block 2)<br><br><hr/> | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u></u> Date <u>7/14/95</u><br>Name (Typed or Printed) <u>David A. Kent M.D.</u> |
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