No. <b>W 39051</b>		Due	2. Registered Agent and Address (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 needed.  A. GEORGE MUNAYIRJI M.D., PLLC  AMI J VAUGHN  8854 W EMERALD STE 140  BOISE ID 83704		A GEORGE MUNAYIRJI 8854 W EMERALD STE 140 BOISE ID 83704  3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I	DUE DATE	mac and Addresse	s of at least one Member or Manager.				
Office Held	Name	mes and Addresse:	Street or PO Address	City	State	Country	Postal Code
MEMBER			13965 W CHINDEN BLVD STE 200D	BOISE	ID	USA	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 39051		Signature: A. George Munayirji		Date: 06/11/2007			
		Name (type or print): A. George Munayirji		Title: Managing Member			
Processed 06/11/2007		* Electronically pr	ovided signatures are accepted as original sig	natures.			_