

No. W 32729		Due no later than Aug 31, 2006		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAN DWYER, MD PLLC DAN DWYER, MD 5985 W. STATE STREET BOISE ID 83703		DAN DWYER MD 960 BROADWAY AVE STE 555 BOISE ID 83706	
				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	DAN DWYER MD	PO BOX 140376	BOISE	ID	83714-0376
5. Organized Under the Laws of: IDAHO W 32729		6. Annual Report must be signed.* Signature: Dan Dwyer MD Name (type or print): Dan Dwyer MD Date: 08/18/2006 Title: Manager			
Processed 08/18/2006		* Electronically provided signatures are accepted as original signatures.			