

No. W 32729		Due no later than Aug 31, 2006 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. 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		
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 MANAGER	Name DAN DWYER MD	Street or PO Address PO BOX 140376	City BOISE	State ID	Country	Postal Code 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.						