

No. W 16612 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HOUSECALLS HEALTH PUBLISHING, LLC 727 E RIVERPARK LN STE 200 BOISE, ID 83706	2. Registered Agent and Office NO PO BOX DAVID A BLACKMER DPM 727 E RIVERPARK LN STE 200 BOISE, ID 83706 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><i>Manager</i></td> <td style="vertical-align: top;"><i>DAVID A. Blackmer</i></td> <td style="vertical-align: top;"><i>727 E RiverPark Ln #400</i></td> <td style="vertical-align: top;"><i>Boise</i></td> <td style="vertical-align: top;"><i>Id</i></td> <td style="vertical-align: top;"><i>83706</i></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>Manager</i>	<i>DAVID A. Blackmer</i>	<i>727 E RiverPark Ln #400</i>	<i>Boise</i>	<i>Id</i>	<i>83706</i>
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5. Organized Under the Laws of: IDAHO W 16612	6. Signature <u><i>[Signature]</i></u> Date <u><i>7/20/08</i></u> Name (Typed or Printed) <u><i>David A. Blackmer</i></u> Title <u><i>Manager</i></u>													

Do Not Tape or Staple

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