

No. W 45977

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WHICHDOCTOR, LLC
750 N SYRINGA DR STE 101
POST FALLS, ID 83854ADAM J OLSCAMP
750 N SYRINGA DR STE 101
POST FALLS, ID 83854NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

MEMBER ADAM OLSCAMP 750 N. SYRINGA DR STE 101, POST FALLS, ID 83845
MEMBER ROBERT BURNETT III 1863 S. REGATA, COBURD'ALENE, ID 83814
MEMBER PHILIP KLADAR 2013 WOODSTONE, HAYDEN, ID 83825

5. Organized Under the Laws of:

IDAHO
W 45977

6.

Signature

Date 10-19-07

Name (Typed or
Printed)

ADAM OLSCAMP

Title MEMBER

Issued 10/01/2007

Do Not Tape or Staple

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