

No. W 43372

Due no later than October 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

TOTAL CARE MEDICAL CLINIC, PLLC
SCOTT R BRESSLER MD
303 E LOGAN
CALDWELL, ID 83605SCOTT R BRESSLER MD
303 E LOGAN
CALDWELL, ID 83605NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Scott R. Bressler	303 E. Logan	Caldwell	ID	83605

5. Organized Under the Laws of:

IDAHO
W 43372

6.

Signature



Date

8/14/07

Name

(Typed or
Printed)

Scott R. Bressler

Title

member

Issued 08/02/2007

Do Not Tape or Staple

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