

No. **W 1560**

**Due no later than September 30, 2005**  
**Annual Report Form**

Return to:  
**SECRETARY OF STATE**  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

PER-MED ASSOCIATES, LLC  
DAVID A WEEKS  
410 S ORCHARD STE 148  
BOISE, ID 83705

**2. Registered Agent and Office NO PO BOX**

DAVID A WEEKS  
410 S ORCHARD STE 148  
BOISE, ID 83705

**3. New Registered Agent Signature**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	David A Weeks	Po Box 1761	Boise	Id	83701
Partner	Belinda Vincent	5002 E Homedale Rd	Caldwell	Id	83607

**5. Organized Under the Laws of:**

**IDAHO**  
**W 1560**

**6.**  
**Signature**

(Typed or  
Printed)

*David A Weeks*  
**DAVID WEEKS**

**Date**

**10/19/05**

**Title**

**Partner**

**200509001355**

**Issued 07/05/2005**

**Do Not Tape or Staple**