

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>
			Boise	Id	83701
Partner	David A Weeks	Po Box 1761			
Partner	Belinda Vincent	5002 E Homedale Rd	Caldwell	Id	83607

5. Organized Under the Laws of:

IDAHO
W 1560

6.

Signature

David A Weeks

Date

10/19/05

Name

(Typed or
Printed)

DAVID A WEEKS

Title

Partner

Issued 07/05/2005

Do Not Tape or Staple

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