

No. W 55816		Due no later than Oct 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		PAUL V RYAN 2640 S EAGLE RD MERIDIAN ID 83642			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		INITIAL POINT FAMILY MEDICINE, PLLC PAUL V RYAN MD 2640 SOUTH EAGLE ROAD MERIDIAN ID 83642 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	PAUL V RYAN	1620 RIDGECLIFF LN	BOISE	ID	USA	83702	
MEMBER	MARK S GRAJCAR	3701 MOUNTAIN VIEW DR	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 55816		Signature: Paul V Ryan MD			Date: 09/05/2007		
		Name (type or print): Paul V Ryan MD			Title: Officer		
Processed 09/05/2007		* Electronically provided signatures are accepted as original signatures.					