

No. <b>W 8018</b>	<b>Due no later than February 28, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		IAN ROSS DONALD 100 HOSPITAL DR KETCHUM, ID 83340  3. <u>New</u> Registered Agent Signature												
	IAN ROSS DONALD, M.D., P.L.L.C. IAN ROSS DONALD PO BOX 3190 KETCHUM, ID 83340														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER/PART</td> <td>IAN ROSS DONALD</td> <td>PO BOX 3190</td> <td>KETCHUM</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER/PART	IAN ROSS DONALD	PO BOX 3190	KETCHUM	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
OWNER/PART	IAN ROSS DONALD	PO BOX 3190	KETCHUM	ID	83340										
5. Organized Under the Laws of:  IDAHO W 8018		6. Signature <u><i>Donald</i></u> Date <u>12/15/2005</u> Name <small>(Typed or Printed)</small> <u>IAN ROSS DONALD</u> Title <u>MD</u>													

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