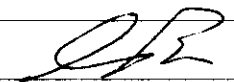


No. W 6348	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		DR DAVID P. BOWMAN 329 S WOODRUFF IDAHO FALLS, ID 83401												
	COMPREHENSIVE URGENT AND FAMILY CAR DR DAVID P. BOWMAN 329 S WOODRUFF IDAHO FALLS, ID 83401														
3. <u>New</u> Registered Agent Signature															
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <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></td> <td>Manager: David P. Bowman</td> <td>5223 Sagewood</td> <td>Idaho Falls,</td> <td>ID</td> <td>83406</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>		Manager: David P. Bowman	5223 Sagewood	Idaho Falls,	ID	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Manager: David P. Bowman	5223 Sagewood	Idaho Falls,	ID	83406										
5. Organized Under the Laws of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">IDAHO W 6348</div> <div style="background-color: black; width: 50px; height: 50px;"></div> </div>	6. Signature  Date <u>6-22-04</u> Name <small>(Typed or Printed)</small> <u>DAVID P. Bowman</u> Title <u>OWNER/PHYSICIAN</u>														