

No. W 2223

Due no later than March 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

BOISE VALLEY DOCTORS P.L.L.C.
ALLEN R NEUENSCHWANDER
3701 CRESCENT RIM DR APT 309
BOISE, ID 83706

ALLEN R NEUENSCHWANDER
4809 FAIRVIEW
BOISE, ID 83706

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

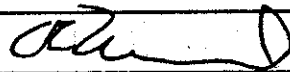
Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Allen R. Neuenschwander	3701 Crescent Rim Dr (Apt 309)	Boise	ID	83706

5. Organized Under the Laws of:

IDAHO
W 2223

6.

Signature



Date

1-22-08

Name

(Typed or Printed)

Allen R. Neuenschwander

Title

Pres