

No. W 54058

Due no later than September 30, 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

IDAHO PHYSICIANS CLINIC, LLC  
LOUIS KRAML  
98 POPLAR ST  
BLACKFOOT, ID 83221

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98 POPLAR ST  
BLACKFOOT, ID 83221

NO FILING FEE IF  
RECEIVED BY DUE DATE

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>
President and Exec Mgr	Louis Kraml	98 Poplar Street	Blackfoot	ID	83221

5. Organized Under the Laws of:  
IDAHO  
W 54058

6. Signature *Louis Kraml* Date 7/16/08  
Name (Typed or Printed) Louis Kraml Title President

Issued 07/01/2008

Do Not Tape or Staple

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