

No. W 30998

Due no later than June 30, 2007
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

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

MERIDIAN ADULT MEDICINE, PLLC
520 S EAGLE RD #1221
MERIDIAN, ID 83642

LOUIS M SCHLICKMAN, MD
520 S EAGLE RD #1221
MERIDIAN, ID 83642

NO FILING FEE IF
RECEIVED BY DUE DATE

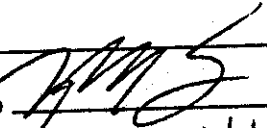
3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
	Louis M. Schlickman, MD	Meridian Adult Medicine 520 S. Eagle, #1221	Meridian	ID	83642

↳ single member entity

5. Organized Under the Laws of:
IDAHO
W 30998

6. Signature 

Date 4/6/07

Name (Typed or Printed) Louis M. Schlickman

Title