

No. <b>C 138828</b>		<b>Due no later than Apr 30, 2006</b>		2. Registered Agent and Address <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>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO URGENT CARE, P.A. 329 S WOODRUFF AVE IDAHO FALLS ID 83401 0000		STEPHEN H TELFORD 329 S WOODRUFF AVE IDAHO FALLS ID 83401 0000			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID BOWMAN	5223 SAGEWOOD	IDAHO FALLS	ID	USA	83406	
SECRETARY	KIM BOWMAN	5223 SAGEWOOD	IDAHO FALLS	ID	USA	83406	
DIRECTOR	DAVID BOWMAN	5223 SAGEWOOD	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:  <b>IDAHO C 138828</b>		6. Annual Report must be signed.* Signature: DAVID BOWMAN Name (type or print): DAVID BOWMAN  Date: 02/21/2006 Title: PRESIDENT					
Processed 02/21/2006		* Electronically provided signatures are accepted as original signatures.					