

No. W 9988	Due no later than Oct 31, 2006 Annual Report Form		2. Registered Agent and Address (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 needed. IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405		BART M DAVIS 1075 S UTAH STE 322 IDAHO FALLS ID 83402			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RON W PORTER, MD	3355 S HOLMES	IDAHO FALLS	ID		83404
MANAGER	SCOTT A SMITH, MD	3355 S. HOLMES	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: IDAHO W 9988	6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis		Date: 08/07/2006 Title: Registered Agent			
Processed 08/07/2006		* Electronically provided signatures are accepted as original signatures.				