


No. W 9988	Due no later than Oct 31, 2001 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		BART M DAVIS 696 S BELLIN RD IDAHO FALLS, ID 83402													
	IDAHO FALLS PEDIATRICS, P.L.L.C. 3355 S HOLMES IDAHO FALLS, ID 83404															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Dr. Ron Porter</td> <td>260 Harrisburg</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Dr. Ron Porter	260 Harrisburg	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
manager	Dr. Ron Porter	260 Harrisburg	Idaho Falls	ID	83404											
5. Organized Under the Laws of: IDAHO W 9988		6.  Signature _____ Date <u>10/30/2001</u> Name <small>(Typed or Printed)</small> <u>Bart M. Davis</u> Title <u>Secretary</u>														