

No. <b>W 18190</b>	<b>Due no later than February 28, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <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>1. Mailing Address - Correct in this box, if applicable</b>		KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE, ID 83702												
	CYNTHIA CLINKINGBEARD, M.D., PLLC KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE, ID 83702		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Cynthia Clinkingbeard</td> <td>4922 N Edinburgh Way</td> <td>Boise</td> <td>ID</td> <td>83714</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	Cynthia Clinkingbeard	4922 N Edinburgh Way	Boise	ID	83714
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
manager	Cynthia Clinkingbeard	4922 N Edinburgh Way	Boise	ID	83714										
5. Organized Under the Laws of:  IDAHO W 18190		6. Signature <u><i>Cynthia Clinkingbeard</i></u> Date <u>2/16/06</u> Name <small>(Typed or Printed)</small> <u>Cynthia Clinkingbeard</u> Title <u>owner</u>													

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Do Not Tape or Staple

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