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| No. W 5433 | Due no later than Jan 31, 2003 Annual Report Form | | 2. Registered Agent and Office NO PO BOX DIXIE . HEATON 1423 W. FRANKLIN ST BOISE, ID 83702 |
| 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 CUDMORE CLINIC, PLLC W ALLEN RADER 1423 W FRANKLIN ST BOISE, ID 83702 | | 3. <u>New</u> Registered Agent Signature |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. | | | |
| <u>Office held</u> Member | <u>Name</u> W. Allen Rader | <u>Street or P.O. Address</u> 1423 W. Franklin St. | <u>City</u> Boise |
| | | <u>State</u> ID | <u>Zip</u> 83705 |
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| 5. Organized Under the Laws of: IDAHO W 5433 | | 6. Signature <u>W. Allen Rader</u> Date <u>1/16/03</u> Name <small>(Typed or Printed)</small> <u>W. Allen Rader</u> Title <u>Member</u> | |

Issued 11/01/2002

Do Not Tape or Staple