

No. W 6348

Due no later than June 30, 2005  
Annual Report Form

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

COMPREHENSIVE URGENT AND FAMILY CAR  
DR DAVID P. BOWMAN  
329 S WOODRUFF  
IDAHO FALLS, ID 83401

2. Registered Agent and Office NO PO BOX

DR DAVID P. BOWMAN  
329 S WOODRUFF  
IDAHO FALLS, ID 83401

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Managers: David P. Bowman 3679 Clearfield Lane Idaho Falls, ID 83406  
Kimberly J. Bowman 3679 Clearfield Lane Idaho Falls, ID 83406

5. Organized Under the Laws of:

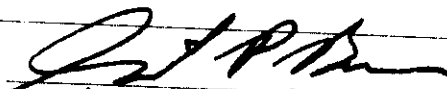
IDAHO  
W 6348

6.

Signature

Name

(Typed or  
Printed)

  
David P. Bowman

Date

Title

5-18-05

Do

Issued 04/01/2005

Do Not Tape or Staple

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