

No. J 1303

Due no later than June 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

LAURENCE V HICKS JR
488 BLUE LAKES BLVD N #104
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

FALLS CENTRE FOR FUNCTIONAL MEDICIN
488 BLUE LAKES BLVD N #104
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held Name Street or P.O. Address City State Zip

LAURENCE V. HICKS SR.
LAURENCE V. HICKS JR.
GEOFFREY N. HICKS
SUZANNA CRAIG

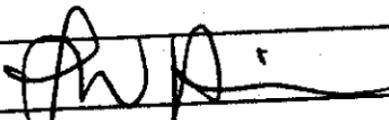
LAURENCE V. HICKS, D.O.
153 Blue Lakes Blvd. North
Twin Falls, ID 83301

LAURENCE V. HICKS, D.O.
153 Blue Lakes Blvd. North
Twin Falls, ID 83301

GEOFFREY
LAURENCE V. HICKS, D.O.
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Twin Falls, ID 83301

SUZANNA CRAIG
LAURENCE V. HICKS, D.O.
153 Blue Lakes Blvd. North
Twin Falls, ID 83301

5. Organized Under the Laws of:
IDAHO
J 1303

6. Signature  Date 4/9/07

Name (Typed or Printed) LAURENCE V. HICKS, JR. Title General Partner