

No. **W 17553**Due no later than **December 31, 2005****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**1. Mailing Address - Correct in this box, if applicable**MADISON PHYSICIANS, PLLC
1 PROFESSIONAL PLAZA
REXBURG, ID 83440MICHAEL M PACKER MD
1 PROFESSIONAL PLAZA
REXBURG, ID 83440**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

Michael Packer 1 Professional Plaza Rexburg, ID 83440

5. Organized Under the Laws of:

IDAHO
W 17553

6.

Signature

M. Packer

Date

12/5/05

Name
(Typed or
Printed)

Michael Packer

Title

Owner

Issued 10/03/2005

Do Not Tape or Staple

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