

No. W 3842 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2004 Annual Report Form <small>1. Mailing Address - Correct in this box, if applicable</small> A. DALE GULLEDGE, M.D., PLLC A DALE GULLEDGE 3719 W QUAIL HEIGHTS CT BOISE, ID 83703	2. Registered Agent and Office NO PO BOX A DALE GULLEDGE 3719 W QUAIL HEIGHTS CT BOISE, ID 83703 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>A. Dale Gullledge</td> <td>3719 W QUAIL HTS. CT.</td> <td>BOISE</td> <td>ID</td> <td>83703</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>	Member	A. Dale Gullledge	3719 W QUAIL HTS. CT.	BOISE	ID	83703
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Member	A. Dale Gullledge	3719 W QUAIL HTS. CT.	BOISE	ID	83703									
5. Organized Under the Laws of: IDAHO W 3842	6. Signature <u>A. Dale Gullledge</u> Date <u>3/14/04</u> Name <small>(Typed or Printed)</small> <u>A. Dale Gullledge</u> Title <u>member</u>													

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