

ISSUED: 10-01-1994

No. 148	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office											
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1994		GARY CANOVA 2993 N COLE RD BOISE ID 83704											
	1. Mailing Address — <i>(if not same as above)</i> BOISE MINOR RENTALS, LTD. CO. GARY CANOVA 2993 N COLE RD BOISE ID 83704		3. Organized Under The Laws of ID NO: 148											
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>GARY CANOVA, M.D.</td> <td>2993 N COLE RD</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	GARY CANOVA, M.D.	2993 N COLE RD	BOISE	ID	83704
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
GARY CANOVA, M.D.	2993 N COLE RD	BOISE	ID	83704										
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>GARY CANOVA MD</i></u> Date <u>3-10-95</u> Name <small>(Typed or Printed)</small> GARY CANOVA, M.D.												