No. **W 30582**	**Due no later than May 31, 2005** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** M GROUP, L.L.C. ARNE E MICHALSON MD P.O. BOX 3289 HAYDEN ID 83835 0000	ARNE E MICHALSON MD 9001 N FIELDSTONE HAYDEN ID 83835 0000 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ARNE E MICHALSON MD	P.O. BOX 3289	HAYDEN	ID		83835
MANAGER	LINDA SUE MICHALSON MD	P.O. BOX 3289	HAYDEN	ID		83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 30582**	Signature: ARNE E MICHALSON	Date: 06/10/2005
	Name (type or print): ARNE E MICHALSON	Title: REGISTERED AGENT

Processed 06/10/2005

* Electronically provided signatures are accepted as original signatures.