No. W 21394		Due no later than Nov 30, 2007 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FALLS INFECTIOUS DISEASES, PLLC 2105 CORONADO ST IDAHO FALLS ID 83404		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				WINSTON V BEARD 2105 CORONADO ST IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses o	of at least one Member or Manager.	3. <u>New</u> Registere	ed Agent S	ignature:*	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER	RICHARD NATHAN DO MARTHA BUITRAGO MD		2860 CHANNING WAY SUITE 228 2860 CHANNING WAY SUITE 228	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 21394		Signature: Winston Beard		Date: 09/11/2007			
		Name (type or print): Winston Beard		Title: Registered Agent			
Processed 09/11/2007	ed 09/11/2007 * Electronically provided signatures are accepted as original signatures.						