io. W 16433	Due no later than September 30, 2006 Annual Report Form  1. Mailing Address - Correct In this box, if applicable	2. Registered Agent and Office NO PO BOX  DR DAVID F DANIELS 205 MARIANNE
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct III  ROCKY MOUNTAIN MEDICINE, PLLC DR DAVID F DANIELS 205 MARIANNE REXBURG, ID 83440  ies: Enter Names and Addresses of Managers.  Street or P.O. Address	REXBURG, ID 83440  3. New Registered Agent Signature  State Zip
Limited Liability Company	Street or P.O. Address	
Climited Liability Company Office held Name President Dwid D	\\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\	burg III