

No. W 26513	Due no later than October 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX PAULA CARVALHO 907 HEARTHSTONE DR BOISE, ID 83702																		
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 applicable SOUTHWEST IDAHO PULMONARY ASSOCIATE 907 HEARTHSTONE DR BOISE, ID 83702	3. New 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: 20%;"><u>Name</u></th> <th style="text-align: left; width: 40%;"><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: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Paula Carvalho</td> <td>907 Hearthstone Dr.</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Member</td> <td>William Thompson</td> <td>4870 N. Skyline Dr.</td> <td>Eagle</td> <td>ID</td> <td>83616</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	Paula Carvalho	907 Hearthstone Dr.	Boise	ID	83702	Member	William Thompson	4870 N. Skyline Dr.	Eagle	ID	83616
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Member	William Thompson	4870 N. Skyline Dr.	Eagle	ID	83616															
5. Organized Under the Laws of: IDAHO W 26513	6. Signature <u>Paula Carvalho</u> Date <u>8/19/05</u> Name (Typed or Printed) <u>Paula Carvalho</u> Title <u>MD</u>																			

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Do Not Tape or Staple

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