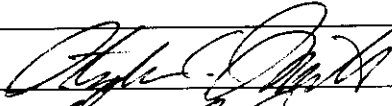


No. W 41580	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable STEPHEN C. SMITH, M.D., PLLC 1283 EAST BRAEMERE RD BOISE, ID 83702		STEPHEN C SMITH MD 283 EAST BRAEMERE RD BOISE, ID 83702													
			3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>STEPHEN C SMITH</td> <td>1283 E. BRAEMERE RD</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	STEPHEN C SMITH	1283 E. BRAEMERE RD	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGER	STEPHEN C SMITH	1283 E. BRAEMERE RD	BOISE	ID	83702											
5. Organized Under the Laws of: IDAHO W 41580		6. Signature  Date 6/7/06 Name (Typed or Printed) STEPHEN C SMITH Title M.D.														

Issued 06/01/2006

Do Not Tape or Staple

200608001579