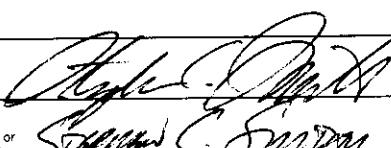


No. W 41580	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable STEPHEN C. SMITH, M.D., PLLC 1283 EAST BRAEMERE RD BOISE,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

Issued 06/01/2006

Do Not Tape or Staple

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