No. W 12794	Due no later than Aug 31, 200	02	2 Posistand A 4	1000
Return to:	Annual Report Form		2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE	Mailing Address - Correct in this box, if applic	cable	ERICA RADFORD	
700 WEST JEFFERSON	MANAGED MEDICAL, LLC	cable	329 S WOODRUFF	-
PO BOX 83720	ERICA RADFORD			
BOISE, ID 83720-0080	329 S WOODRUFF		IDAHO FALLS, ID	83401
NO FILING FEE IF	IDAHO FALLS, ID 83401		3. New Registered Age	nt Signature
RECEIVED BY DUE DATE 4. Limited Liability Compa	pies: Enter Nemes and Add			
= = = = = = = = = = = = = = = = = = =	nies: Enter Names and Addresses of Memb	bers.		
Office held Name	Street or P.O. Address	City	State	Zip
Member: Erica Ra	adford 1375 S. Highline Dr.	Ida	aho Falls ID	83401
. Organized Under the Laws of:	6.			
. Organized Orider the Laws Of.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		711 11	
IDAHO	Signature Cue Alla	de	U Date 8/2	5/02
	Signature Credita Name (Typed or Erica T	Radfo	ord Title Own	5/02 en