

<b>No. W 14810</b>	<b>Due no later than Mar 31, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> RICHARD S GIBBON 801 E MEDICAL CT  POST FALLS, ID 83854
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable GIBBON CLINIC L.L.C.  801 E MEDICAL CT  POST FALLS, ID 83854	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Richard S Gibbon	801 E. MEDICAL CT	Post Falls <del>Id</del>	ID	83854
manager	Lawrence L Gibbon	801 E. MEDICAL CT	Post Falls	ID	83854

5. Organized Under the Laws of:
 

IDAHO W 14810	* Signature <u>Richard S Gibbon</u>	Date <u>3/15/03</u>
	Name <small>(Typed or Printed)</small> <u>Richard S Gibbon DMD</u>	Title <u>manager</u>