

No. L 3228

Due no later than November 30, 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

PETER AND RHONDA ZIMMERMAN FAMILY L  
PETER C. ZIMMERMAN, M.D.  
1449 E. 17TH ST.  
IDAHO FALLS, ID 83404

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**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

| <u>Office held</u> | <u>Name</u>       | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------------|-------------------------------|-------------|--------------|------------|
| President          | Peter C Zimmerman | 1449 E 17 <sup>th</sup> St    | Idaho Falls | Id           | 83404      |

5. Organized Under the Laws of:

IDAHO  
L 3228

6.

Signature

*Peter C Zimmerman M.D.*

Date

9/12/06

Name (Typed or Printed)

Peter C. Zimmerman M.D.

Title

President