

No. W 12630	Due no later than Aug 31, 2005 Annual Report Form	2. Registered Agent and Address (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 needed. CATHERINE L. LINDERMAN, M.D., PLLC CATHERINE L LINDERMAN MD 5559 N YELLOWSTONE IDAHO FALLS ID 83401 0000	CATHERINE L LINDERMAN MD 5559 N YELLOWSTONE IDAHO FALLS ID 83401 0000				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	CATHERINE L LINDERMAN MD	5559 N YELLOWSTONE	IDAHO FALLS	ID		83401
5. Organized Under the Laws of: IDAHO W 12630	6. Annual Report must be signed.* Signature: Catherine Name (type or print): Catherine		Date: 09/15/2005 Title: Linderman			
Processed 09/15/2005		* Electronically provided signatures are accepted as original signatures.				