No. W 9988		Due no later than Oct 31, 2007		2. Registered Ag	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405		1075 S UTAH IDAHO FALLS	BART M DAVIS 1075 S UTAH STE 322 IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
4. Limited Liability Compani	ies: Enter Nar	nes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOSEPH MOORE RON W PORTER, MD SCOTT A SMITH, MD		3901 TAYLORVIEW LANE 260 HARRISBURG 3355 S. HOLMES	AMMON IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83406 83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 9988		Signature: Bart M. Davis		Date: 08/21/2007				
		Name (type or print): Bart M. Davis		Title: Registered Agent				
Processed 08/21/2007	* Electronically provided signatures are accepted as original signatures.							