No. W 1062

Due no later than April 30, 2004

Annual Report Form

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 applicable

IDAHO FALLS CLINIC, L.L.C.

2001 S WOODRUFF STE 15

IDAHO FALLS, ID 83404

2. Registered Agent and Office **NO PO BOX**

MARGARET WAGNER
2001 S WOODRUFF STE 15

IDAHO FALLS, ID 83404

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Leland K. Krantz II, M.D.	2001 S. Woodruff Ave., #15	Idaho Falls,	ID	83404
Manager	James M. David, M.D.				
Manager	Margaret A. Wagner, M.D.				
Manager	Alan G. Avondet, M.D.				

5. Organized Under the Laws of:

IDAHO
W 1062

6. Signature Christine Clark Date 02/06/04

Name (Typed or Printed) Christine Clark Title Administrator

Issued 02/02/2004

Do Not Tape or Staple

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