

No. W 39617		Due no later than May 31, 2006 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		1. Mailing Address: Correct in this box if needed. AMMON MEDICAL AND URGENT CARE, PLLC TERRY N AMIEL MD 3456 E 17TH ST STE 125 AMMON ID 83406		TERRY N AMIEL MD 3456 E 17TH ST STE 125 AMMON ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TERRY N AMIEL MD	Street or PO Address 3456 E 17TH ST STE 125		City AMMON	State ID	Country	Postal Code 83406
5. Organized Under the Laws of: IDAHO W 39617		6. Annual Report must be signed.* Signature: Terry N. Amiel Name (type or print): Terry N. Amiel Date: 06/08/2006 Title: President					
Processed 06/08/2006 * Electronically provided signatures are accepted as original signatures.							