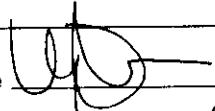


<b>No. W 38025</b>	<b>Due no later than March 31, 2006</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  HOMETOWN HEALTHCARE, PLLC 655 HARVEST DR REXBURG, ID 83440	CLAY C PRINCE MD 655 HARVEST DR REXBURG, ID 83440  3. <u>New</u> Registered Agent Signature												
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Manager</td> <td style="text-align: center;">Clay Prince</td> <td style="text-align: center;">655 Harvest Drive</td> <td style="text-align: center;">Rexburg</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83440</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Clay Prince	655 Harvest Drive	Rexburg	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Clay Prince	655 Harvest Drive	Rexburg	ID	83440									
5. Organized Under the Laws of: <b>IDAHO</b> <b>W 38025</b>	6. Signature  Date <u>2/1/06</u> Name <small>(Typed or Printed)</small> <u>CLAY PRINCE</u> Title <u>MD</u>													

Issued 01/04/2006

**Do Not Tape or Staple**

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