

No. W 25850

Due no later than September 30, 2006  
Annual Report Form

2. Registered Agent and Office 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 applicable

GOODING FAMILY PHYSICIANS, PLLC  
REID W LOFGRAN  
134 WEST 4TH AVE  
GOODING, ID 83330REID W LOFGRAN  
134 WEST 4TH AVE  
GOODING, ID 83330NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

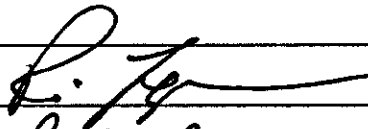
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Reid Lofgran	134 W. 4th Ave	Gooding	ID	83330
Owner	IAN KUNZ	" "	"	"	"

## 5. Organized Under the Laws of:

IDAHO  
W 25850

## 6.

Signature



Date

7-10-06

Name

(Typed or  
Printed)

Reid Lofgran

Title

Owner