No. W 28557 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 POISSE ID 83720 0000	Due no later than February 29, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable : UPPER VALLEY FAMILY MEDICINE, PLLC 530 RIGBY LAKE DR RIGBY, ID 83442	2. Registered Agent and Office NO PO BO RICHARD T HARPER 530 RIGBY LAKE DR RIGBY, ID 83442
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compar	nies: Enter Names and Addresses of Managers.	3. New Registered Agent Signature
Partner David A Partner Linda 1	Street or P.O. Address City Chyper 530 Ripby Lake D- Ri	9/34 ID 83442 19/44 ID 83442
5. Organized Under the Laws of: IDAHO W 28557 Issued 12/03/2007	Signature Dunda Harper Name (Typed or Linda Harper	Date 3-7-80 Title