

No. W 25116	Due no later than Jul 31, 2007 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SCOTT H PRESSMAN MD 901 N CURTIS STE 302 BOISE ID 83706			
	SCOTT H. PRESSMAN, M.D. PO BOX 7534 BOISE ID 83707		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SCOTT H PRESSMAN	254 HOMER LANE	DONNELLY	ID	USA	83615
5. Organized Under the Laws of: ID W 25116		6. Annual Report must be signed.* Signature: Scott H. Pressman Name (type or print): Scott H. Pressman		Date: 06/16/2007 Title: President		
Processed 06/16/2007		* Electronically provided signatures are accepted as original signatures.				