

No. W 66316

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BMH PHYSICIANS CLINIC, LLC
98 POPLAR ST
BLACKFOOT, ID 83221LOUIS KRAMI
98 POPLAR ST
BLACKFOOT, ID 83221NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

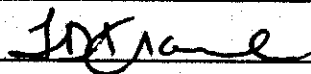
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Louis Kraml	98 Poplar Street	Blackfoot	ID	83221
Vice-Pres	Jake Erickson	98 Poplar Street	Blackfoot	ID	83221
Sec/Treas	Jeff Daniels	98 Poplar Street	Blackfoot	ID	83221

5. Organized Under the Laws of:

IDAHO
W 66316

6.

Signature



Date 6/18/08

Name (Typed or Printed)

Louis Kraml

Title President

Issued 06/02/2008

Do Not Tape or Staple

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