

No. **W 35865**Due no later than **January 31, 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

PRO-HEAL HYPERBARICS AND WOUND CARE  
414 SHOUP AVE  
IDAHO FALLS, ID 83402**BRYAN D SMITH**14 SHOUP AVE  
IDAHO FALLS, ID 83402**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

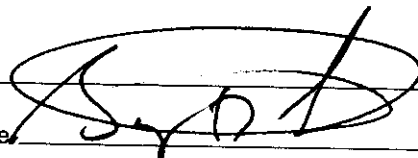
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Joe Anderson, D.O.,	2321 Coronado	Idaho Falls	Idaho	83404
Member	Gregory West, M.D.,	2321 Coronado	Idaho Falls	Idaho	83404
Member	Scott Packer, M.D.,	7584 South 8th West.	Idaho Falls,	Idaho	83402

5. Organized Under the Laws of:

**IDAHO  
W 35865**

6.

Signature



Date

Name (Typed or Printed)

**Bryan D. Smith**

Title

**Registered Agent**

Issued 11/01/2005

**Do Not Tape or Staple**

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