

No. **W 35865**

Due no later than January 31, 2007

Annual Report Form

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 834022. Registered Agent and Office **NO PO BOX**~~BRYAN D SMITH~~
414 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 **11/14/06**Name (Typed or Printed) **Bryan D. Smith**Title **Registered Agent**

Issued 11/01/2006

200701007770

Do Not Tape or Staple