

No. **W 14810**Due no later than **March 31, 2006**

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

GIBBON CLINIC L.L.C.
801 E MEDICAL CT
POST FALLS, ID 838542. Registered Agent and Office **NO PO BOX**RICHARD S GIBBON
801 E MEDICAL CT
POST FALLS, ID 83854**NO FILING FEE IF
RECEIVED BY DUE DATE**3. 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>
MANAGER	RICHARD S GIBBON	801 E Medical Ct	POST FALLS	ID	83854
MANAGER	LAWRENCE K GIBBON	801 E Medical Ct	POST FALLS	ID	83854
MANAGER	CHER JACOBSON	801 E Medical Ct	POST FALLS	ID	83854

5. Organized Under the Laws of:

IDAHO
W 14810

6.

Signature

*Richard Gibbon*Date *11/11/06*

Name

(Typed or
Printed)*Richard S Gibbon*

Title

Owner / Member

200603002719

Issued 01/04/2006

Do Not Tape or Staple