

No. W 12630	Due no later than Aug 31, 2001 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CATHERINE L. LINDERMAN, M.D., PLLC 5559 N YELLOWSTONE IDAHO FALLS, ID 83401		CATHERINE L LINDERMAN MD 5559 N YELLOWSTONE IDAHO FALLS, ID 83401												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER.</td> <td>CATHERINE L. LINDERMAN</td> <td>5559 N. YELLOWSTONE</td> <td>IDAHO FALLS,</td> <td>ID.</td> <td>83401</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER.	CATHERINE L. LINDERMAN	5559 N. YELLOWSTONE	IDAHO FALLS,	ID.	83401
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5. Organized Under the Laws of: IDAHO W 12630		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Catherine L. Linderman</u></td> <td style="width: 40%;">Date <u>8-16-01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>CATHERINE L. LINDERMAN</u></td> <td>Title <u>M.D.</u></td> </tr> </table>		Signature <u>Catherine L. Linderman</u>	Date <u>8-16-01</u>	Name <small>(Typed or Printed)</small> <u>CATHERINE L. LINDERMAN</u>	Title <u>M.D.</u>								
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