
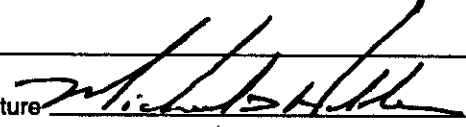


No. W 33480 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable INDIAN CREEK FAMILY MEDICINE, LLC PO BOX 125 708 E. Wythe Creek Ct. KUNA, ID 83634 Suit #103	2. Registered Agent and Office NO PO BOX NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE, ID 83706 Michael Holden 6475 S Lodgepole Pl Boise ID 83716 3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Michael Holden</td> <td>6475 S Lodgepole Pl</td> <td>Boise</td> <td>Id</td> <td>83716</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	manager	Michael Holden	6475 S Lodgepole Pl	Boise	Id	83716
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manager	Michael Holden	6475 S Lodgepole Pl	Boise	Id	83716									
5. Organized Under the Laws of: IDAHO W 33480	6. Signature  Date <u>7-28-2006</u> Name (Typed or Printed) <u>Michael Holden</u> Title <u>Dr</u>													

Issued 07/03/2006

Do Not Tape or Staple

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