. • • • • • • • •	Due no later than September 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box. if applicable in DAHO PHYSICIANS CLINIC, LLC OUIS KRAML	2. Registered Agent and Office NO PO BOX LOUIS KRAML 98 POPLAR ST BLACKFOOT, ID 83221
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies Office held Name	B POPLAR ST BLACKFOOT, ID 83221 Enter Names and Addresses of Managers. Street or P.O. Address City	New Registered Agent Signature State Zip
and Exec Mgr	ol 98 Poplar Street Blackf	oot ID 83221
Organized Under the Laws of: IDAHO W 54058	6. Signature 10thane	Date7/11/07
Issued 07/02/2007	Name Printed Louis Kraml Do Not Tape or Staple	Title President 200709006750