

No. <b>W 17093</b>	<b>Due no later than November 30, 2004 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable.  REXBURG FAMILY CARE, PLLC W BRAD SPEAKMAN 343 S TETON AVE SUGAR CITY, ID 83448		W BRAD SPEAKMAN 343 S TETON AVE SUGAR CITY, ID 83448  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><u>Member</u> <del>President</del></td> <td>W. Brad Speakman</td> <td>343 S Teton Ave</td> <td>Sugar City</td> <td>ID</td> <td>83448</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>	<u>Member</u> <del>President</del>	W. Brad Speakman	343 S Teton Ave	Sugar City	ID	83448
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
<u>Member</u> <del>President</del>	W. Brad Speakman	343 S Teton Ave	Sugar City	ID	83448										
5. Organized Under the Laws of:  IDAHO W 17093	6. Signature <u>W. Brad Speakman</u> Date <u>9/14/04</u> Name <small>(Typed or Printed)</small> <u>W. Brad Speakman</u> Title <u>Registered Agent</u>														

Issued 09/01/2004

Do Not Tape or Staple

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