

No. W 23316		Due no later than Mar 31, 2007		2. Registered Agent and Address (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		Annual Report Form		TIM HAMILTON 100 S LEADVILLE KETCHUM ID 83340	
		1. Mailing Address: Correct in this box if needed. KETCHUM URGENT CARE, PLLC CRAIG COX C/O LALLMAN FELTMAN PETERSON PO BOX 989 KETCHUM ID 83340-0989		3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CRAIG COX	C/O LALLMAN FELTMAN PETERSON PO BOX 989	KETCHUM	ID	83340-0989
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
IDAHO W 23316		Signature: Tim Hamilton Name (type or print): Tim Hamilton		Date: 01/08/2007 Title: CPA	
Processed 01/08/2007		* Electronically provided signatures are accepted as original signatures.			