

No. W 10958	Due no later than Jan 31, 2003 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	1. Mailing Address - Correct in this box, if applicable		DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713		
NO FILING FEE IF RECEIVED BY DUE DATE	PHYSICIANS CLINIC, PLLC DR TERRY LITTLE 4750 N FIVE MILE RD BOISE, ID 83713		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Mgr.	Dr. Terry Little	4750 N. Five Mile Rd	Boise	ID	83713
5. Organized Under the Laws of:	6. <u>Signature</u> <u>Dr. Terry Little</u> <u>Date</u> <u>1-24-03</u> <u>Name</u> <small>(Typed or Printed)</small> <u>Dr. Terry Little</u> <u>Title</u> <u>Manager</u>				
IDAHO W 10958					