

No. <b>W 12432</b>	Due no later than Jul 31, 2001 Annual Report Form		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		LAYNE D ROBERTS DO												
	DOCTOR'S CLINIC OF ELMORE COUNTY P.  2000 AMERICAN LEGION BLVD		2000 AMERICAN LEGION BLVD  MOUNTAIN HOME, ID 83647												
	MOUNTAIN HOME, ID 83647		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>member</td> <td>Layne D. Roberts</td> <td>2000 American Legion</td> <td>Mtn. Home</td> <td>ID</td> <td>83647</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>	member	Layne D. Roberts	2000 American Legion	Mtn. Home	ID	83647
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member	Layne D. Roberts	2000 American Legion	Mtn. Home	ID	83647										
5. Organized Under the Laws of:  IDAHO W 12432		6. Signature <u>L.D. Roberts</u> Date <u>8/24/01</u> Name <small>(Typed or Printed)</small> <u>Layne D. Roberts</u> Title <u>Member-Manager</u>													

Issued 08/07/2001

Do Not Tape or Staple