

No. <b>W 6891</b>	<b>Due no later than Sep 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <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>	<b>1. Mailing Address: Correct in this box if needed.</b> JOHN E GAMBOA, M.D., P.L.L.C. SUSAN T GAMBOA 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764 USA		JOHN E GAMBOA, M.D. 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764			
			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
MEMBER	JOHN E GAMBOA, MD	9620 W PEBBLE BROOK LANE	BOISE	ID	USA	83714-1764
5. Organized Under the Laws of:  <b>ID</b> <b>W 6891</b>		6. Annual Report must be signed.* Signature: Susan T Gamboa Name (type or print): Susan T Gamboa		Date: 07/08/2010 Title: Accountant		
Processed 07/08/2010		* Electronically provided signatures are accepted as original signatures.				