

No. W 28316		Due no later than Feb 28, 2006		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		BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833 0000	
		1. Mailing Address: Correct in this box if needed. BRIAN L. SAMUELS, M.D., PLLC BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833 0000		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	BRIAN L SAMUELS MD	5371 E LISA RD	HARRISON	ID	83833
5. Organized Under the Laws of: IDAHO W 28316		6. Annual Report must be signed.* Signature: BRIAN L SAMUELS Name (type or print): BRIAN L SAMUELS Date: 02/28/2006 Title: MEMBER			
Processed 02/28/2006		* Electronically provided signatures are accepted as original signatures.			