

No. **W 7745**

**Due no later than January 31, 2006**

**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**

HIGHLAND MEDICAL PARK, LLC  
DAVID L HUNTER  
PO BOX 1243  
POCATELLO, ID 83204

DAVID L HUNTER  
216 N 8TH AVE  
POCATELLO, ID 83204

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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>
	ROBERT JONES	1951 BENCH ROAD, SUITE C	POCATELLO	ID	83201
	CLIFF FIELD	1951 BENCH ROAD, SUITE B	POCATELLO	ID	83201

5. Organized Under the Laws of:

IDAHO  
W 7745

6.

Signature Robert Jones Date 2 DECEMBER 2005

Name (Typed or Printed) Robert Jones Title MANAGER

Issued 11/01/2005

**Do Not Tape or Staple**

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