

No. **W 30998**

Due no later than June 30, 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

MERIDIAN ADULT MEDICINE, PLLC
520 S EAGLE RD #~~3225~~ / **2 21**
MERIDIAN, ID 83642

LOUIS M SCHLICKMAN, MD
520 S EAGLE RD #~~3225~~ / **2 21**
MERIDIAN, ID 83642

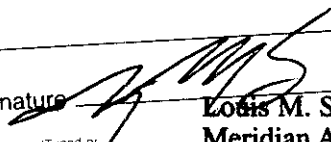
3. New Registered Agent Signature

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

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Louis M. Schlickman	Louis M. Schlickman, M.D. Meridian Adult Medicine, PLLC 520 S. Eagle Rd., Ste 3225 1221 Meridian, ID 83642 208-884-3770 M-7522			

5. Organized Under the Laws of:
IDAHO
W 30998

6. Signature  Date **4/20/06**
Name (Typed or Printed) **Louis M. Schlickman, M.D.**
Meridian Adult Medicine, PLLC Title **Managing Member**
520 S. Eagle Rd., Ste ~~3225~~ 1221 200606001404
Meridian, ID 83642