

No. W 32952	Due no later than Sep 30, 2006 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. ALPINE LABS PLLC 329 S WOODRUFF IDAHO FALLS ID 83401	DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401			
		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
MANAGER	IDAHO URGENT CARE	740 S WOODRUFF	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: IDAHO W 32952	6. Annual Report must be signed.* Signature: Idaho Urgent Care Name (type or print): Idaho Urgent Care		Date: 09/20/2006 Title: Manager		
Processed 09/20/2006		* Electronically provided signatures are accepted as original signatures.			