No. W 12794		Due no later than Aug 31, 2005		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MANAGED MEDICAL, LLC ERICA RADFORD 329 S WOODRUFF IDAHO FALLS ID 83401 0000		329 S WOODR IDAHO FALLS	ERICA RADFORD 329 S WOODRUFF IDAHO FALLS ID 83401 0000 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least o	ne Member or Manager.					
Office Held	Name		t or PO Address	City	State	Country	Postal Code	
MANAGER ERICA RADFORD		ORD 1375	HIGHLAND DR	IDAHO FALLS	ID		83401	
5. Organized Under the Laws of: IDAHO W 12794		6. Annual Report must be signored Signature: ERICA RADFORD Name (type or print): ERICA		Date: 06/07/2005 Title: MEMBER				
Processed 06/07/2005		* Electronically provided signatures are accepted as original signatures.						