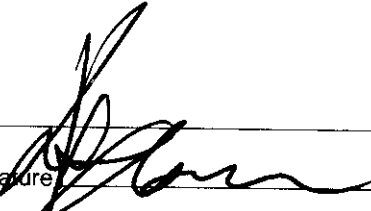


No. W 16433	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1 Mailing Address - Correct in this box if applicable ROCKY MOUNTAIN MEDICINE, PLLC DR DAVID F DANIELS 329 SOUTH WOODRUFF AVE IDAHO FALLS, ID 83401		DR DAVID F DANIELS 329 SOUTH WOODRUFF AVE IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td>Manager: David Daniels</td> <td>138 K. Street</td> <td>Rexburg,</td> <td>ID</td> <td>83440</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Manager: David Daniels	138 K. Street	Rexburg,	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Manager: David Daniels	138 K. Street	Rexburg,	ID	83440										
5. Organized Under the Laws of: IDAHO W 16433		6.  Signature _____ Date _____ Name (Typed or Printed) _____ Title _____													