

No. W 33693	Due no later than Oct 31, 2005 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.		KEVIN CLIFFORD MD 1824 N 19TH ST BOISE ID 83702 0000			
	INTEGRATIVE PALLIATIVE CARE, PLLC KEVIN CLIFFORD MD 1824 N 19TH ST BOISE ID 83702 0000		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	KEVIN CLIFFORD MD	1824 N 19TH ST	BOISE	ID		83702
MANAGER	KATHLEEN CLIFFORD	1824 N 19TH ST	BOISE	ID		83702
5. Organized Under the Laws of: IDAHO W 33693	6. Annual Report must be signed.* Signature: Kevin Clifford Name (type or print): Kevin Clifford		Date: 12/27/2005 Title: owner			
Processed 12/27/2005		* Electronically provided signatures are accepted as original signatures.				