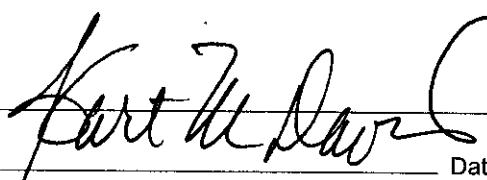
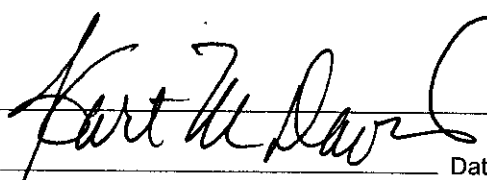
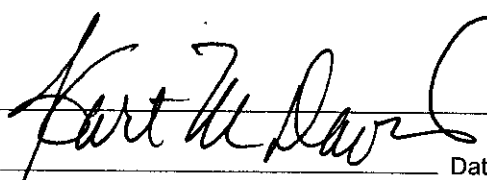
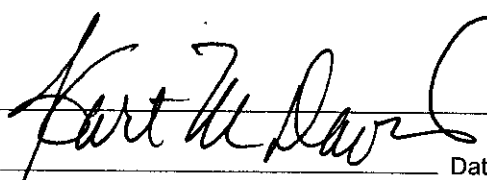


No. W 9988 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than October 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS, ID 83405	2. Registered Agent and Office NO PO BOX BART M DAVIS 606 S BELLIN RD IDAHO FALLS, ID 83402 <i>2638 S. Bellin Circle</i> 3. New Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Dr. Ron Porter	260 Harrisburg	Idaho Falls	ID	83404
Member/ Manager	Dr. Scott Allen Smith	3355 S. Holmes	Idaho Falls	ID	83404



5. Organized Under the Laws of: IDAHO W 9988	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">6. Signature</td> <td style="width: 40%;">Date</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;"> <div style="text-align: center;">  </div> </td> <td style="vertical-align: bottom;">8/25/2004</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td>Title</td> </tr> <tr> <td>Bart M. Davis</td> <td>Secretary</td> </tr> </table>	6. Signature	Date	<div style="text-align: center;">  </div>	8/25/2004	Name <small>(Typed or Printed)</small>	Title	Bart M. Davis	Secretary
6. Signature	Date								
<div style="text-align: center;">  </div>	8/25/2004								
Name <small>(Typed or Printed)</small>	Title								
Bart M. Davis	Secretary								

Issued 08/02/2004

Do Not Tape or Staple

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