

W14497

Due no later than February 19, 2004
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

1. Mailing Address (Correct in this box, if applicable)

MEDICAL DATA MANAGEMENT SERVICES, L

16845 OASIS

CALDWELL, ID 83605

GERRE MCCLINTICK
16845 OASIS

CALDWELL, ID 83605

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	L.B. REINHART	PO BOX 50540	IDAHO FALLS	ID	83405
MEMBER	GERRE L. MCCLINTICK	16845 OASIS RD	CALDWELL	ID	83607

5. Organized Under the Laws of:

IDAHO
W 14497

6.

Signature

Date

2/4/04

Name

(Typed or

GERRE L. MCCLINTICK

Title

MEMBER

Issued

or Staple