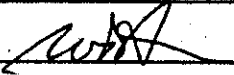


No. C 119052 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable EAGLE'S VIEW FAMILY MEDICINE, P.C. 6023 N EAGLE RD BOISE, ID 83713	2. Registered Agent and Office NO PO BOX WILLIAM BRUS 6632 W TOBI DR BOISE, ID 83703 3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nancy A. Brus</td> <td>6023 N. Eagle Rd.</td> <td>Boise,</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Sec/Treasurer</td> <td>William Brus</td> <td>" " " "</td> <td>" " " "</td> <td>" " " "</td> <td>" " " "</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Nancy A. Brus	6023 N. Eagle Rd.	Boise,	ID	83713	Sec/Treasurer	William Brus	" " " "	" " " "	" " " "	" " " "
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Sec/Treasurer	William Brus	" " " "	" " " "	" " " "	" " " "															
5. Organized Under the Laws of: IDAHO C 119052	6. Signature <u></u> Date <u>2-18-08</u> Name (Typed or Printed) <u>William Brus</u> Title <u>Sec/Treasurer</u>																			

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