No. C 119052	Due no later than April 30, 2008 **Annual Report Form**	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable EAGLE'S VIEW FAMILY MEDICINE, P.C. 6023 N EAGLE RD BOISE, ID 83713	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.

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				

5. Organized Under the Laws of:	6.
IDAHO C 119052	Signature _____ Date 2-18-08 Name (Typed or Printed) William Brus Title Sec/Treasurer

Issued 02/01/2008

Do Not Tape or Staple

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