

No. C 156530	Due no later than September 30, 2008 Annual Report Form	
Return to: <b>SECRETARY OF STATE</b> 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	MOUNTAIN VIEW FAMILY MEDICINE AND A 1309 PONDEROSA DR STE 103 SANDPOINT, ID 83864	

2. Registered Agent and Office NO PO BOX
TIMOTHY BONINE 2013 JANELLE WAY SANDPOINT, ID 83864
3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Timothy R Bonine	2013 Janell Wy	Sandpoint	ID	83864
Secretary					

5. Organized Under the Laws of:
IDAHO C 156530

6. Signature	<u>El Bonine</u>	Date	<u>7.15.08</u>
Name <small>(Typed or Printed)</small>	<u>Erin C. Bonine</u>	Title	<u>Owner</u>