

No. C 156530

Due no later than September 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

1. Mailing Address - Correct in this box, if applicable

MOUNTAIN VIEW FAMILY MEDICINE AND A
1309 PONDEROSA DR STE 103
SANDPOINT, ID 83864TIMOTHY BONINE
2013 JANELLE WAY
SANDPOINT, ID 83864NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZipPres. Timothy R Bonine 2013 Janelle Wy Sandpoint ID 83864
Secretary

5. Organized Under the Laws of:

IDAHO
C 156530

6.

Signature

El Bonine

Date

7.15.08

Name (Typed or Printed)

Erin C. Bonine

Title

Owner