

No. C 70421	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct CHARLES R. FALTER, D.O., P.A. CHARLES R FALTER BOX 729		CHARLES R FALTER PRIEST RIVER MEDICAL CL I 219 MAIN ST PRIEST RIVER ID 83856												
** FINAL NOTICE **	PRIEST RIVER ID 83856		3. Organized Under the Laws of: ID C 70421												
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Charles R. Falter, DO</td> <td>219 Main St. POB 729</td> <td>Priest River</td> <td>ID</td> <td>83856</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Charles R. Falter, DO	219 Main St. POB 729	Priest River	ID	83856
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Charles R. Falter, DO	219 Main St. POB 729	Priest River	ID	83856										
5. FAMILY MEDICINE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Charles R. Falter</u> Date <u>10/22/92</u> Name (Typed or Printed) <u>Charles R. Falter, DO</u> Title <u>President</u>														

ISSUED: 10-04-1997

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