

<b>No. W 11885</b>	<b>Due no later than May 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>COMMUNITY HEALTH CARE PHYSICIANS GR</b>  619 S WASHINGTON STE 203  MOSCOW, ID 83843		ROBERT SPADY 619 S WASHINGTON STE 203  MOSCOW, ID 83843												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <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>Director</td> <td>Robert Spady</td> <td>619 S Washington St. Ste 203</td> <td>Moscow</td> <td>ID</td> <td>83843</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>	Director	Robert Spady	619 S Washington St. Ste 203	Moscow	ID	83843
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Director	Robert Spady	619 S Washington St. Ste 203	Moscow	ID	83843										
5. Organized Under the Laws of:  WASHINGTON W 11885	6. Signature <u><i>Robert Spady</i></u> Date <u>3-11-2002</u> Name <small>(Typed or Printed)</small> <u>Robert Spady</u> Title <u>Director</u>														