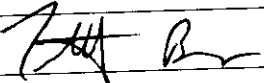


<b>No. W 8847</b>	<b>Due no later than May 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> TIMOTHY L BRININGER, M.D. 890 N 6TH E  MOUNTAIN HOME, ID 83647
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable TRINITY MOUNTAIN FAMILY PRACTICE PH TIMOTHY L BRININGER MD 1795 N 4TH E  MOUNTAIN HOME, ID 83647		3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
President	Timothy Brininger MD	1795 N 4 E	MTN Home
Secretary	KAREN OLSON MD	HC 87 Box 33	MTN Home
			IN
			83647
			83647
5. Organized Under the Laws of:  IDAHO W 8847		6. Signature  Date <u>11 MARCH 02</u> Name (Typed or Printed) <u>Timothy Brininger MD</u> Title <u>President</u>	