

No. C 51430		Due no later than May 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY PRACTICE RESIDENCY OF IDAHO, INC. TED EPPERLY MD 777 NORTH RAYMOND STREET BOISE ID 83704		TED EPPERLY MD 777 NORTH RAYMOND BOISE ID 83704		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	TED EPPERLY, MD	777 NORTH RAYMOND	BOISE	ID	USA	83704
DIRECTOR	JANELLE REILLY	1055 NORTH CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	GARY FLETCHER	190 EAST BANNOCK	BOISE	ID	USA	83712
PRESIDENT	SAM SUMMERS, MD	1819 ELLIS AVENUE	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID C 51430		6. Annual Report must be signed.* Signature: Ted Epperly, MD Name (type or print): Ted Epperly, MD Date: 03/22/2011 Title: Program Director and CEO				
Processed 03/22/2011		* Electronically provided signatures are accepted as original signatures.				