

No. W 46311

Due no later than January 31, 2009
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

FAMILY MEDICAL CENTER, PLLC
DELTON L WALKER 360 East Liberty
~~202 E MAIN ST~~
WEISER, ID 83672

DELTON L WALKER
232 E MAIN ST
WEISER, ID 83672

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
co-manager/ member		Bryan b. Drake, D.O.	112 Lloyd Ave	Weiser, Id	83672
co-manager/ member		Bryan D. Hemphill, D.O.	1124 Indianhead Rd	Weiser, Id	83672

5. Organized Under the Laws of:

IDAHO
W 46311

6.

Signature

Date 11/19/08

Name (Typed or Printed)

Bryan D. Hemphill D.O. - member