No. C 90775	Due no later than November 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BO)	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applitable	JAMES D LOHMANN	
700 WEST JEFFERSON	FAMILY CARE PHYSICIANS P.A.	112 FIFTH AVE, WEST JEROME, ID 83338	
PO BOX 83720 BOISE, ID 83720-0080	JAMES D LOHMANN 112 FIFTH AVE. WEST	021(OME, 10 83338	
20102, 10 0072010000	JEROME, ID 83338		
NO FILING FEE IF		3. New Registered Agent Signature	
RECEIVED BY DUE DATE			
<ol> <li>Corporations: Enter Nar</li> </ol>	mes and Business Addresses of President, Secreta	<u> </u>	
Office held Name	Street or B.O. Adda	ry and Directors.	
	Street or P.O. Address City	State Zip	
FROIGE	James D. Whmann MD	112W 5th	
SC FREASURE	James D. Whmann MD 2-James S. IRwin MD	Jerome, ID	
	· ·	83338	
		02000	
. Organized Under the Laws of:	6.	,	
IDAHO	Signature Sum	- mulilar	
C 90775	1.	Date 10/16/05	
	Name (Typed or Sarres Lohna	Title President	
Issued 09/01/2005	Do Not Tape or Staple	200511002853	