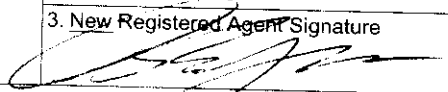


No. **C 117548****Due no later than December 31, 2004**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

POST FALLS FAMILY MEDICINE, P.A.
~~WILLIAM M. FOUCHE~~ Christopher Billingslea
1220 E. POLSTON AVE.
POST FALLS, ID 83854~~WILLIAM M. FOUCHE~~
1220 E. POLSTON AVENUE
POST FALLS, ID 83854**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature


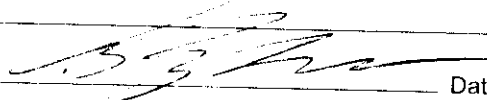
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Christopher Billingslea	1220 E. Polston Ave.	Post Falls	Id.	83854
Secretary	Morgan Ford	"	"	"	"
Treasurer	Anthony Peters	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 117548

6.

Signature 

Date

10/12/04

Name (Typed or Printed)

Christopher Billingslea

Title

President

Issued 10/01/2004

Do Not Tape or Staple

20041206691