

No. W 16165		Due no later than Aug 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MAIN STREET MEDICAL, L.L.C. CHARLES L NEWHOUSE MD PO BOX 1640 BONNERS FERRY ID 83805		CHARLES L NEWHOUSE 6641 KANIKSU ST STE A BONNERS FERRY ID 83805	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CHARLES L NEWHOUSE	3691 MOON SHADOW ROAD	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 16165		6. Annual Report must be signed.* Signature: Chuck Newhouse Name (type or print): Chuck Newhouse Date: 06/24/2009 Title: Manager			
Processed 06/24/2009		* Electronically provided signatures are accepted as original signatures.			