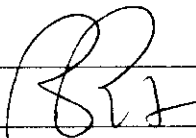


No. C 143866	Due no later than May 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box if applicable MOUNTAINVIEW FAMILY MEDICINE, INC. BRADLEY M BURTON 215 N 9TH AVE POCATELLO, ID 83201	BRADLEY M BURTON 215 N 9TH AVE POCATELLO, ID 83201
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> 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>
PRES	BRADLEY BURTON	755 HOSPITAL WAY	POCATELLO	IDA	83201
SECT	EVAN HOLMSTEAD	755 HOSPITAL WAY	POCATELLO	IDA	83201

5. Organized Under the Laws of: IDAHO C 143866	6. Signature  Date <u>4-16-03</u> Name <small>(Typed or Printed)</small> <u>Bradley M Burton</u> Title _____
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