No. C 51430	Due no later than May 31, 2007  Annual Report Form  1. Mailing Address - Correct in this box, if applicable	2. Registered Agent and Office NO PO BOX  TED EPPERLY MD  777 NORTH RAYMOND
eturn to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address FAMILY PRACTICE RESIDENCY OF IDAHO, TED EPPERLY MD 777 NORTH RAYMOND STREET BOISE, ID 83704	BOISE, ID 83704  3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE	Addresses of President, Se	ecretary and Directors.
4. Corporations: Enter Na	mes and Business Addresses of President, Se	City State Zip
office held Name	Street of 1.0.1.	•
See Attached Lig	<b>7</b>	
	in the second se	
v W		
	6. 105	Q ms Date 4/1/07
5. Organized Under the Laws of: IDAHO C 51430	Signature State Name (Typed or Text Episch)	Title Program Dicestor 200705000413
t 1	Do Not Tape or Staple	

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

·			City	State	Zip
ffice Held	Name	Street or P.O. Box	Caldwell	ID	83605
President	Sam Summers, M.D.	1819 Ellis Avenue	Boise	ID	83704
President Chairman/Program Director	Ted Epperly, M.D.	777 North Raymond Street	Caldwell	ID	83605
	Rich Augustus, M.D.	222 East Logan	Boise	ID	83704
Director	Jim Blackman, M.D.	777 North Raymond Street	Boise	ID	83702
Director	John Boice, M.D.	500 West Fort Street	Boise	1D	83712
Director	Gary Fletcher	190 East Bannock	Boise	ID	83725
Director	James Girvan, Ph.D.	1910 University Drive	McCall	ID	83638
Director	Karen Kellie	1000 State Street	Boise	ID	83704
Director	Peter Kozisek, M.D.	777 North Raymond Street	Boise	ID	83720
Director	Karl Kurtz	450 West State Street, 10th Floor		ID.	83712
Director	Glenn Pool, M.D.	100 East Idaho Street, Suite 302	Boise	ID	83700
Director	Janelle Reilly	1055 North Curtis Road	Boise		8370
Director	Kevin Scanlan	702 West Idaho Street, Suite 700	Boise	D GI	8370
Director	Scott Smith, M.D.	500 West Fort Street	Boise	1 10	6370
Director	Scott Stritti, W.D.				