

No. **W 24452**

Due no later than May 31, 2005  
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

FAMILY HEALTH CARE OF POST FALLS, P  
~~PO BOX 909~~  
~~POST FALLS, ID 83877~~

1110 E Polston Ave Ste 1  
Post Falls ID 83854

PAUL F BRILLHART MD ABFP  
1110 E POLSTON AVE STE 1  
POST FALLS, ID 83854

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

N/A

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Paul F. Brillhart	1110 Polston Ave Ste 1	Post Falls	ID	83854

5. Organized Under the Laws of:

IDAHO  
W 24452

6.

Signature

Date 3/28/05

Name

(Typed or  
Printed)

Paul F Brillhart

Title

President

Issued 03/01/2005

Do Not Tape or Staple

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