

No. W 24452

Due no later than May 31, 2005
Annual Report Form

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 applicable

FAMILY HEALTH CARE OF POST FALLS, P
PO BOX 909
POST FALLS, ID 83854

1110 E Polston Ave Ste 1
Post Falls ID 83854

2. Registered Agent and Office **NO PO BOX**

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

3. New Registered Agent Signature

N/A

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

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

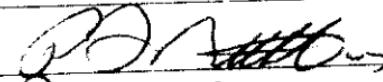
5. Organized Under the Laws of:

IDAHO
W 24452

6

Signature

Name
(Typed or
Printed)


Paul F. Brillhart

Date 3/28/01

Title President

Issued 03/01/2005

Do Not Tape or Staple

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