

No. W 11174

Due no later than Feb 28, 2001

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE1. Mailing Address - Correct in this box, if applicable
LAKE HARBOR INTERNAL MEDICINE ASSOC

3668 N HARBOR LANE

BOISE, ID 83703

2. Registered Agent and Office **NO PO BOX**KERI ERLAND
3668 N HARBOR LANE

BOISE, ID 83703

3. New Registered Agent Signature

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>
Member	Keri Erland, M.D.	3668 N. Harbor Ln.	Boise	ID	83703
Member	Laure Ashby, M.D.	3668 N. Harbor Ln.	Boise	ID	83703

5. Organized Under the Laws of:

IDAHO
W 11174

6.

Signature Keri ErlandDate 1/5/2001Name (Typed or Printed) Keri Erland, M.D.Title: M.D. / Reg. AgentX Time 1800

Issued 12/05/2000

Do Not Tape or Staple

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