

No. W 4837	Due no later than Oct 31, 2002 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	SOUTHEAST IDAHO FAMILY PRACTICE, L. 2775 CHANNING WAY IDAHO FALLS, ID 83404		KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS, ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> 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	DR Barry Bennett	2943 Balboa Drive	Idaho Falls ID 83404
Member	DR Kay Christensen	3875 Canterbury	Idaho Falls ID 83404
Member	DR Dan McLaughlin	1284 Tipperary	Idaho Falls ID 83404
5. Organized Under the Laws of:		6. Signature 	
IDAHO W 4837		Date <u>11-12-02</u> Name (Typed or Printed) <u>Barry Bennett</u> Title <u>Member</u>	

Issued 11/07/2002

Do Not Tape or Staple
Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

DISCARD THIS PORTION - ANNUAL REPORT FORM