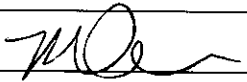


<b>No. W 41974</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than August 31, 2006 Annual Report Form</b>  <b>1. Mailing Address - Correct in this box, if applicable</b>  PRIEST RIVER FAMILY MEDICINE AND UR PO BOX 1500 PRIEST RIVER, ID 83856	<b>2. Registered Agent and Office NO PO BOX</b>  MELISSA WILSON 900 BEARDMORE PRIEST RIVER, ID 83856  <b>3. <u>New</u> Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b>  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5"> <del>same as above</del>            president Melissa Wilson PO Box 1500 Priest River ID 83856         </td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		<del>same as above</del> president Melissa Wilson PO Box 1500 Priest River ID 83856				
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	<del>same as above</del> president Melissa Wilson PO Box 1500 Priest River ID 83856													
<b>5. Organized Under the Laws of:</b>  IDAHO W 41974	<b>6.</b> Signature <u></u> Date <u>6/8/06</u> Name (Typed or Printed) <u>Melissa Wilson</u> Title <u>FNPC</u>													