

No. C 142608		Due no later than Feb 29, 2008		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
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 needed. MOUNTAIN STATES FAMILY PRACTICE CLINIC, P.C. D. DAN CROSSLEY 2170 BELL COUNTRY CT MOUNTAIN HOME ID 83647 USA		D DAN CROSSLEY MD 2170 BELL COUNTRY CT MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DENNIS DAN CROSSLEY	2170 NE BELL COUNTRY CT	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID C 142608		6. Annual Report must be signed.* Signature: D. Dan Crossley Name (type or print): D. Dan Crossley Date: 12/24/2007 Title: President					
Processed 12/24/2007		* Electronically provided signatures are accepted as original signatures.					