

No. W 16165

Due no later than August 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

MAIN STREET MEDICAL, L.L.C.
CHARLES L NEWHOUSE MD
PO BOX 1640
BONNERS FERRY, ID 83805

CHARLES L NEWHOUSE
8641 KANIKSU ST STE A
BONNERS FERRY, ID 83805

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager/ Owner	Charles Newhouse,	P.O. Box 1640,	Bonnerr Ferry,	Idaho	83805

5. Organized Under the Laws of:

IDAHO
W 16165

6.

Signature

Charles Newhouse

Date 13 Sept 2007

Name (Typed or Printed)

Charles Newhouse

Title Manager/Owner

Issued 06/01/2007

Do Not Tape or Staple

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