

No. C 88297

Due no later than December 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

DALE L. MOCK  
10798 W. OVERLAND RD.  
BOISE, ID 83709

3. New Registered Agent Signature

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

FAMILY MEDICINE CENTER, CHARTERED  
DALE L. MOCK  
10798 WEST OVERLAND RD.  
BOISE, ID 83709

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Dale L. Mock	10798 W. Overland Rd	Boise	Idaho	83709

5. Organized Under the Laws of:  
IDAHO  
C 88297

6.

Signature

Name

(Typed or  
Printed)

*Dale L. Mock*

Dale L. Mock

Date

Title

10/14/08

President

200812000955

Do Not Tape or Staple

Issued 10/01/2008