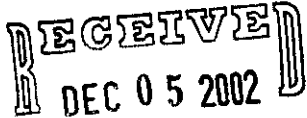


No. W 11174	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX KERI ERLAND 3668 N HARBOR LANE BOISE, ID 83703
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - <u>Correct in this box, if applicable</u> LAKE HARBOR INTERNAL MEDICINE ASSOC 3668 N HARBOR LANE BOISE, ID 83703	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	Keri Erland	3668 N. Harbor Ln.	Boise	ID	83703



5. Organized Under the Laws of: IDAHO W 11174	6. Signature <u>Keri Erland</u> Date <u>12-14-02</u> Name <small>(Typed or Printed)</small> <u>Keri Erland</u> Title <u>1415</u>
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