

No. C 102682		Due no later than Jul 31, 2005		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO PHYSICIANS NETWORK, INC. LINDA L DUER 800 PARK BLVD STE 760 BOISE ID 83712 0000		LINDA DUER 800 PARK BLVD STE 760 BOISE ID 83712 0000		
				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
DIRECTOR	RANDELL PAGE MD	215 E. HAWAII	NAMPA	ID	USA	83686
DIRECTOR	JEFFREY HESSING MD	8854 W. EMERALD SUITE 140	BOISE	ID	USA	83704
DIRECTOR	WILLIAM JONES MD	6046 EMERALD	BOISE	ID	USA	83704
DIRECTOR	DENNIS BRUNS	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
DIRECTOR	GRAHAM WETHERLEY MD	900 N. LIBERTY STREET SUITE 30	BOISE	ID	USA	83704
SECRETARY	LINDA L DUER	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
PRESIDENT	MARTIN J. GABICA MD	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
5. Organized Under the Laws of: IDAHO C 102682		6. Annual Report must be signed.* Signature: Linda L. Duer Name (type or print): Linda L. Duer Date: 06/10/2005 Title: Executive Director				
Processed 06/10/2005		* Electronically provided signatures are accepted as original signatures.				