

No. **W 22870**

Due no later than February 28, 2007

Annual Report Form

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

PRICE-MILLER FAMILY MEDICINE, PLLC
1417 N 19TH ST
BOISE, ID 83702

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

2. Registered Agent and Office NO PO BOX

MARCIA PRICE-MILLER
1417 N 19TH ST
BOISE, ID 83702

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	Marcia Price-Miller	1417 N. 19th St.	Boise	ID.	83702

5. Organized Under the Laws of:

IDAHO
W 22870

6.

Signature

(Typed or
Printed)

Name Marcia Price-Miller **Title** MD

Date 12/14/06

Issued 12/01/2006

Do Not Tape or Staple

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