No. W 24452	Due no later than May 31, 2004 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable FAMILY HEALTH CARE OF POST FALLS, P ~~RICHARD R SAMUEL MD~~ PO BOX 969 POST FALLS, ID 83877	RICHARD R SAMUEL MD 1110 E POLSTON AVE STE 1 POST FALLS, ID 83854 3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
(50%) OWNER - PARTNER	RICHARD R. SAMUEL MD	P.O. BOX 969	POST FALLS	ID	83877
(50%) OWNER - PARTNER	PAUL F. BRILLHART MD	P.O. BOX 969	POST FALLS	ID	83877

5. Organized Under the Laws of:	6.
IDAHO W 24452	Signature Connie A Knight Date 04/19/04 Name (Typed or Printed) CONNIE A. KNIGHT Title OFFICE MANAGER

Issued 03/02/2004 **Do Not Tape or Staple** 1550