

No. **W 11174**

**Due no later than February 28, 2006
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

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

LAKE HARBOR INTERNAL MEDICINE ASSOC
3684 N HARBOR LANE
BOISE, ID 83703

KER: ERLAND
3684 N HARBOR LANE
BOISE, ID 83703

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

3. New 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	3684 N. Harbor Ln.	Boise	ID	83703

5. Organized Under the Laws of:

IDAHO
W 11174

6.

Signature

Keri Erland

Date

12/8/05

Name

(Typed or Printed)

Keri Erland

Title

member and
registered agent