

No. C 122026

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

POST FALLS INTERNAL MEDICINE AND PE
1300 E MULLEN STE 1600
POST FALLS, ID 83854MICHAEL J CARRAHER, M.D.
1300 E MULLAN
POST FALLS, ID 83854NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael J Carraher	1300 E. Mullen	Post Falls	ID	83854
Secretary	Annette M Bowman	1300 E. Mullen	Post Falls	ID	83854

5. Organized Under the Laws of:
IDAHO
C 122026

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 10/01/2007

Do Not Tape or Staple

200712002353