No. C 142166	Due no later than Jan 31, 2003	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	**
SECRETARY OF STATE	<ol> <li>Mailing Address - Correct in this box, if applicable</li> </ol>	KAREN ERICKSON
700 WEST JEFFERSON	NORTH END FAMILY PRACTICE INC	1509 S ROBERT ST
PO BOX 83720		
BOISE, ID 83720-0080	1509 S ROBERT ST	BOISE, ID 83705
NO FILING FEE IF	BOISE, ID 83705	New Registered Agent Signature
RECEIVED BY DUE DATE	==152, 15 30733	
	mes and Business Addresses of President, Secre	
Office held Name	o	tary and Directors.
	Street or P.O. Address	ity <u>Sta</u> te Zio
NAMER KAIRE	* : N.C 15 00 C 17 1 12 2	<u>State</u> <u>Zip</u>
with kuithe	ErickSon 15095 Robertst R	some 10 83705
Organized Under the Laws of:	Signature Lee	Date 1/30/03
. Organized Under the Laws of:	6.	