104 40075	Due no later than Dec 31, 2002	2. Registered Agent and Office NO PO BOX
No. <b>W 13875</b>	Annual Report Form	JAMES F THOMSON MD
Return to:	Mailing Address - Correct in this box, if applicable	1102 E LOCUST
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	EMMETT MEDICAL CENTER PLLC JAMES F THOMSON MD 1102 E LOCUST	EMMETT, ID 83617
BOISE, ID 83720-0080	1102 E 20000	3. New Registered Agent Signature
NO FILING FEE IF	EMMETT, ID 83617	
RECEIVED BY DUE DATE	5 to Names and Addresses of Members.	
<ol> <li>Limited Liability Comp</li> </ol>	anies: Enter Names and Addresses of Members.	City State <u>Zip</u>
Ostice hold Name	Street or P.O. Address	
Member James 7-	Thumson, M.D., 1102 ELocust St. Emm	ett ID 83617
Member James 7-1	Thumson, M.D., 1102 E. Locust St. Emm	ett ID 8501/
Member James 7-1		/ - /
Member James 7-1		/ - /