

No. C 134589

Due no later than June 30, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

LEANNE L LEBLANC MD
610 NW 2ND ST
GRANGEVILLE, ID 83530

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

MOUNTAIN STATE FAMILY MEDICINE, P.C
610 NORTHWEST SECOND ST
GRANGEVILLE, ID 83530

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held

Name

Street or P.O. Address

City

State

Zip

President Leanne LeBlanc
Owner

610 NW 2nd St

Grangeville

Idaho

83530

5. Organized Under the Laws of:
IDAHO
C 134589

6.

Signature

Name

(Typed or
Printed)

Leanne L LeBlanc MD

Date

4/12/07

Title

President/Owner

Issued 04/02/2007

Do Not Tape or Staple

200706002521