

No. C 170081		Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. FAMILY MEDICINE RESIDENCY OF IDAHO, INC. (THE) BRENT HINES 777 N RAYMOND BOISE ID 83704		TED EPPERLY 777 N RAYMOND BOISE ID 83704		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BETTY WEST	260 BOISE AVE	BOISE	ID	USA	83702
DIRECTOR	KARL KURTZ	3185 E RIVERNEST DR	BOISE	ID	USA	83706
DIRECTOR	JOHN KEE	2268 GEKELER LN	BOISE	ID	USA	83706
DIRECTOR	JOANN ELSBERRY	9156 W BROGAN #104	BOISE	ID	USA	83709
DIRECTOR	LINDA CLARK	5378 N FIELDCREST DR	BOISE	ID	USA	83704
DIRECTOR	SARA CAHOON	1712 E TIME ZONE DR	MERIDIAN	ID	USA	83642
DIRECTOR	JERI BIGBEE	777 N RAYMOND	BOISE	ID	USA	83704
TREASURER	ALEC ANDRUS	991 LEISURE DR	BOISE	ID	USA	83704
DIRECTOR	PEARL SIMON	71 E MASON CREEK LANE	MERIDIAN	ID	USA	83642
DIRECTOR	JIM GIRVAN	1720 JOYCE LANE	BOISE	ID	USA	83706
DIRECTOR	KATHY HOLLEY	850 S LOCUST GROVE	MERIDIAN	ID	USA	83642
SECRETARY	KEVIN SCANLAN	448 N FISK LANE	BOISE	ID	USA	83704
DIRECTOR	KATHIE GARRETT	227 CRESCENT RIM DR	BOISE	ID	USA	83706
DIRECTOR	SAM SUMMERS	609 W EASY ST	CALDWELL	ID	USA	83605
DIRECTOR	JANELLE REILLY	5897 ECHANOVE WAY	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID C 170081		6. Annual Report must be signed.* Signature: Brent Hines Name (type or print): Brent Hines				
		Date: 11/30/2009 Title: Accountant				
Processed 11/30/2009		* Electronically provided signatures are accepted as original signatures.				