No. C 122184		and the contract of the contra		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASSOCIATED INTERNAL MEDICINE, P.A. BRADLEY FOWLER 2207 IRONWOOD PL		BRADLEY FOWLER 2207 IRONWOOD PL COEUR D'ALENE ID 83814			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SUSAN M D	AUGHARTY-FOWLER	2207 IRONWOOD PLACE	COEURDALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must					
ID C 122184		Signature: B f0wler		Date: 11/12/2009			
		Name (type or print): B f0wler		Title: Treasurer			
Processed 11/12/2009 * Electronically provided signatures are accepted as original signatures.						_	