

No. C 106363		Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable KUNA FAMILY MEDICAL CLINIC, P.A. MYRNA C OLSON-FISHER 190 W MAIN ST KUNA, ID 83634		MYRNA C OLSON-FISHER 190 W MAIN ST KUNA, ID 83634		
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
Office held	Name	Street or P.O. Address	City	State	Zip	
PRES	MYRNA FISHER	Pa Box 28	KUNA	ID	83634	
SECRETARY	DENNIS FISHER	" "	"	"	"	
5. Organized Under the Laws of: IDAHO C 106363		6. Signature <u>Dennis Fisher</u> Date <u>3/10/08</u> Name <small>(Typed or Printed)</small> <u>DENNIS M FISHER</u> Title <u>SECRETARY</u>				