


No. <b>C 106363</b>	Due no later than <b>May 31, 2008</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable	MYRNA C OLSON-FISHER 190 W MAIN ST KUNA, ID 83634
	KUNA FAMILY MEDICAL CLINIC, P.A. MYRNA C OLSON-FISHER 190 W MAIN ST KUNA, ID 83634	
		3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES	MYRNA FISHER	PO BOX 48	KUNA	ID	83634
SEC/TRES	DENNIS FISHER	" "	"	"	"

5. Organized Under the Laws of: <b>IDAHO</b> <b>C 106363</b>	6. Signature  Date <b>3/10/08</b> Name (Typed or Printed) <b>DENNIS M FISHER</b> Title <b>SEC/TRES</b>
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