

No. **W 2509**

Due no later than June 30, 2005
Annual Report Form

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 applicable

FAMILY HEALTH CENTER OF SANDPOINT,
THOMAS L LAWRENCE MD PA
1327 SUPERIOR ST
SANDPOINT, ID 83864

2. Registered Agent and Office **NO PO BOX**

THOMAS L LAWRENCE MD PA
1327 SUPERIOR ST
SANDPOINT, ID 83864

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Trustee	W. Hugh Leedy, M.D., 1327 Superior	Sandpoint	ID	83864	
Trustee	Thomas L. Lawrence, M.D.	"	"	"	"
Trustee	Bradley L. Schwartz, M.D.	"	"	"	"
Trustee	Daniel J. Meulenberg, M.D.	"	"	"	"
Trustee	Scott R. Dunn, M.D.	"	"	"	"

5. Organized Under the Laws of:

IDAHO
W 2509

6.
Signature

(Type or
Print)

Thomas L. Lawrence

Date 4/12/05

Title TRUSTEE