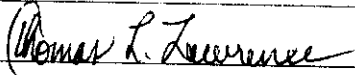
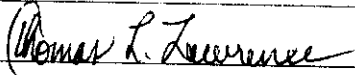
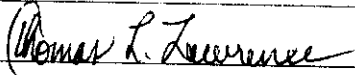


No. W 2509	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX THOMAS L LAWRENCE MD PA 1327 SUPERIOR ST SANDPOINT, ID 83864																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF 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		3. <u>New</u> Registered Agent Signature																																				
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Trustee</td> <td>W. Hugh Leedy, M.D.,</td> <td>1327 Superior</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Trustee</td> <td>Thomas L. Lawrence, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Trustee</td> <td>Bradley L. Schwartz, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Trustee</td> <td>Daniel J. Meulenberg, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Trustee</td> <td>Scott R. Dunn, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<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.	"	"	"	"
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 2509 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>4/12/05</u> </td> </tr> <tr> <td> Name <small>(Type or Print)</small> <u>THOMAS L LAWRENCE</u> </td> <td> Title <u>TRUSTEE</u> </td> </tr> </table>		Signature 	Date <u>4/12/05</u>	Name <small>(Type or Print)</small> <u>THOMAS L LAWRENCE</u>	Title <u>TRUSTEE</u>																																
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