

No. 122184	Annual Report Form Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Mailing Address - Please Direct All Mail Direct ASSOCIATED INTERNAL MEDICINE, P.A. BRADLEY FOWLER 2207 IRONWOOD PLACE COEUR D ALENE ID 83814		BRADLEY FOWLER 2207 IRONWOOD PL COEUR D ALENE ID 83814 83814 3. Organized Under the Laws of: IDAHO																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>SUSAN M. DANGNATHY</td> <td>FOWLER M.D.</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>TREASURER</td> <td>BRADLEY A. FOWLER</td> <td>(SAME AS ABOVE)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	SUSAN M. DANGNATHY	FOWLER M.D.	COEUR D ALENE	ID	83814	TREASURER	BRADLEY A. FOWLER	(SAME AS ABOVE)			
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5. New Registered Agent Signature		6. Signature <u>Bradley A. Fowler</u> Date <u>12/20/99</u> Name (Typed or Printed) <u>BRADLEY A. FOWLER</u> Title <u>TREASURER</u>																				