

No. C 70421

Due no later than July 31, 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

CHARLES R. FALTER, D.O., P.A.  
CHARLES R FALTER  
PO BOX 1915  
PRIEST RIVER, ID 83856

2. Registered Agent and Office NO PO BOX

CHARLES R FALTER  
PRIEST RIVER MEDICAL CLINIC  
214 E ALBENI HWY  
PRIEST RIVER, ID 83856

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
PRESIDENT	CHARLES R. FALTER, DO	POB 1915	PRIEST RIVER	ID	83856

5. Organized Under the Laws of:

IDAHO  
C 70421

6

Signature

Name (Typed or Printed)

CHARLES R. FALTER, DO

Date

5-10-05

Title

Physician

Issued 05/02/2005

Do Not Tape or Staple

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