No. C 70421	Due no later than July 31, 2005	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	CHARLES R FALTER
700 WEST JEFFERSON	CHARLES R. FALTER, D.O., P.A.	PRIEST RIVER MEDICAL CLINIC
PO BOX 83720	CHARLES R FALTER	214 E ALBENI HWY
BOISE, ID 83720-0080	PO BOX 1915	PRIEST RIVER, ID 83856
_	PRIEST RIVER, ID 83856	
NO FILING FEE IF		3 Now Device
RECEIVED BY DUE DATE		New Registered Agent Signature
4. Corporational Entry Al		
Corporations: Enter Na	mes and Business Addresses of President, Sec	
Office held Name	Street on B.O. A. M.	cretary and Directors.
PRESIDENT CHARLES R. FACT	City	V
TAPPER CHARLES A. PAIN	FV.ho Vir (916 The Property of 1	State Zip
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5. Organized Under the Laws of:	PRIBIT RIVER	J) 83856
5. Organized Under the Laws of: IDAHO	6	I) 83856
5. Organized Under the Laws of:	6 Signature	1) 83856 Chata 5-10-06
5. Organized Under the Laws of: IDAHO	6 Signature	Date 5-10-05
5. Organized Under the Laws of: IDAHO C 70421	6	Date 5-10-05
i. Organized Under the Laws of: IDAHO	6 Signature	1) 83856 Chata 5-10-06