No. W 57905

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than January 31, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

BONNERS FERRY FAMILY MEDICINE, PLLC
~~HCR 60 BOX 198A~~ PO Box 208
BONNERS FERRY, ID 83805

2. Registered Agent and Office NO PO BOX

TROY GEYMAN MD
~~HWY 1~~
~~MILE MARKER 4.7~~ 6488 Chinook
BONNERS FERRY, ID 83805

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Owner	TROY GEYMAN	HC 60 BOX 198A	Bonners Ferry	ID	83805
Owner	Ligera Reinhardt	HCR 60 Box 157	Bonners Ferry	ID	83805

5. Organized Under the Laws of:
IDAHO
W 57905

6.
Signature _____ Date 11-18-07
Name (Typed or Printed) TROY GEYMAN Title Owner

Issued 1/01/2007

Please Type or Staple

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