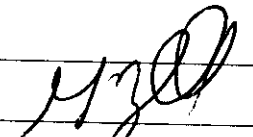


No. C 113359	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ADULT PRIMARY CARE-COEUR D'ALENE, P GEORGE C BELL MD 8880 N HESS STE 2 HAYDEN, ID 83835		GEORGE C BELL MD 8880 N HESS STE 2 HAYDEN, ID 83865 3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>ALL</td> <td>Adult Primary Care</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ George</td> <td>BELL 200 N. Hess</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>→ 8880 N. Hess Suite 2</td> <td>Hayden</td> <td>ID</td> <td>83835</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>		ALL	Adult Primary Care					→ George	BELL 200 N. Hess						→ 8880 N. Hess Suite 2	Hayden	ID	83835
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5. Organized Under the Laws of: IDAHO C 113359	6. Signature  Name (Typed or Printed) <u>George Bell</u> Date <u>11/15/05</u> Title <u>President et al</u>																										

Issued 11/01/2005

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