

No. W 24452		Due no later than May 31, 2009		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY HEALTH CARE OF POST FALLS, PLLC KRISTY BRILLHART 1110 E POLSTON AVE STE 1 POST FALLS ID 83854 USA		PAUL F BRILLHART MD ABFP 1110 E POLSTON AVE STE 1 POST FALLS ID 83854	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	PAUL F BRILLHART	1110 E POLSTON AVE STE 1	POST FALLS	ID	USA 83854
5. Organized Under the Laws of: ID W 24452		6. Annual Report must be signed.* Signature: Kristy Brillhart Name (type or print): Kristy Brillhart Date: 07/10/2009 Title: Administrator			
Processed 07/10/2009		* Electronically provided signatures are accepted as original signatures.			