

No. <b>W 11174</b>	<b>Due no later than February 29, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>LAKE HARBOR INTERNAL MEDICINE ASSOC</b>  3668 N HARBOR LANE  BOISE, ID 83703	KERI ERLAND 3668 N HARBOR LANE BOISE, ID 83703  3. <u>New</u> Registered Agent Signature																		
<p>4. Limited Liability Companies: Enter Names and Addresses of Members. - only member is</p> <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>Member, registered agent</td> <td>Keri Erland</td> <td>-work address is 3668 N. Harbor Ln.</td> <td>Boise</td> <td>ID</td> <td>83703</td> </tr> <tr> <td></td> <td></td> <td>Home address is 2766 N. LAKE HARBOR Ln.</td> <td>Boise</td> <td>ID</td> <td>83703</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>	Member, registered agent	Keri Erland	-work address is 3668 N. Harbor Ln.	Boise	ID	83703			Home address is 2766 N. LAKE HARBOR Ln.	Boise	ID	83703
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5. Organized Under the Laws of:  IDAHO W 11174	6. Signature <u>Keri Erland</u> Date <u>12/8/03</u> Name <small>(Type or Printed)</small> <u>Keri Erland</u> Title <u>M.D. - regist agent owner</u>																			