

No. W 16165		Due no later than Aug 31, 2005		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. MAIN STREET MEDICAL, L.L.C. CHARLES L NEWHOUSE MD PO BOX 1640 BONNERS FERRY ID 83805 0000		CHARLES L NEWHOUSE 6641 KANIKSU ST STE A BONNERS FERRY ID 83805 0000	
				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
MANAGER	CHARLES L NEWHOUSE	HCR 61, BOX 129 A	BONNERS FERRY	ID	83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
IDAHO W 16165		Signature: C Newhouse Name (type or print): C Newhouse		Date: 09/12/2005 Title: Manager	
Processed 09/12/2005		* Electronically provided signatures are accepted as original signatures.			