No. **C 170081**	**Due no later than Nov 30, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** FAMILY MEDICINE RESIDENCY OF IDAHO, INC. (THE) BRENT HINES 777 N RAYMOND BOISE ID 83704	TED EPPERLY 777 N RAYMOND BOISE ID 83704 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOANN ELSBERRY	3410 N. WHISTLER LANE, BLDG.2, #101	BOISE	ID	USA	83703
SECRETARY	LINDA CLARK	5378 N FIELDCREST DR	BOISE	ID	USA	83704
DIRECTOR	SARA CAHOON	1712 E TIME ZONE DR	MERIDIAN	ID	USA	83642
DIRECTOR	JERI BIGBEE	1704 MICHIGAN AVE	BOISE	ID	USA	83706
TREASURER	ALEC ANDRUS	2991 LEISURE DR	BOISE	ID	USA	83704
DIRECTOR	PEARL SIMON	171 E MASON CREEK LANE	MERIDIAN	ID	USA	83642
DIRECTOR	JIM GIRVAN	1720 JOYCE LANE	BOISE	ID	USA	83706
DIRECTOR	KATHY HOLLEY	7850 S LOCUST GROVE RD	MERIDIAN	ID	USA	83642
DIRECTOR	KEVIN SCANLAN	2852 N EL RANCHO PLACE	BOISE	ID	USA	83704
DIRECTOR	KATHIE GARRETT	2281 W TRESTLE DR	MERIDIAN	ID	USA	83646
DIRECTOR	SAM SUMMERS	609 W EASY ST	CALDWELL	ID	USA	83605
DIRECTOR	JANELLE REILLY	5897 ECHANOVE WAY	BOISE	ID	USA	83714
DIRECTOR	JOHN EVANS	5699 N RIFFLE WAY	GARDEN CITY	ID	USA	83714
DIRECTOR	TOM SYMONDS	10690 SOUTHERLAND ST	BOISE	ID	USA	83709
DIRECTOR	JONI STRIGHT	1500 SHORELINE DRIVE	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 170081**	Signature: Brent Hines	Date: 11/30/2011
	Name (type or print): Brent Hines	Title: Accountant
Processed 11/30/2011	* Electronically provided signatures are accepted as original signatures.	