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| No. C 85422 | Due no later than Dec 31, 2009 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 COEUR D'ALENE, P.A. ROBERT M MCFARLAND MD 700 IRONWOOD DRIVE SUITE 101 COEUR D'ALENE ID 83814 | ROBERT M. MCFARLAND, M.D. 700 IRONWOOD DRIVE COEUR D'ALENE ID 83814 3. <u>New</u> 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 | RICHARD MCLANDRESS | 700 IRONWOOD DRIVE SUITE101 | COEUR D'ALENE | ID | USA | 83814 |
| SECRETARY | NEIL L NEMEC | 700 IRONWOOD DRIVE SUITE 101 | COEUR D'ALENE | ID | USA | 83814 |
| PRESIDENT | ROBERT MCFARLAND | 700 IRONWOOD DRIVE SUITE 101 | COEUR D'ALENE | ID | USA | 83814 |
| 5. Organized Under the Laws of: ID C 85422 | 6. Annual Report must be signed.* Signature: Robert M McFarland MD Name (type or print): Robert M McFarland MD | | Date: 11/16/2009 Title: President | | | |
| Processed 11/16/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |