

No. <b>C 47113</b>		Due no later than Mar 31, 2009		2. Registered Agent and Address <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>		<b>1. Mailing Address: Correct in this box if needed.</b> MOSCOW FAMILY MEDICINE, P.A. JEFFREY E GEIER 623 S. MAIN MOSCOW ID 83843-2983 USA		WAYNE L RUBY 623 SOUTH MAIN MOSCOW ID 83843		
				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	HELEN M SHEARER	623 S. MAIN	MOSCOW	ID	USA	83843-2983
DIRECTOR	SARA M LAWRENCE	623 S. MAIN	MOSCOW	ID	USA	83843-2983
DIRECTOR	RICHARD K HOWE	623 S. MAIN	MOSCOW	ID	USA	83843-2983
DIRECTOR	ROBERT M TING	623 S. MAIN	MOSCOW	ID	USA	83843-2983
DIRECTOR	G DAVID RYCH	623 S. MAIN	MOSCOW	ID	USA	83843-2983
SECRETARY	FRANCIS K SPAIN	623 S. MAIN	MOSCOW	ID	USA	83843-2983
PRESIDENT	WAYNE L RUBY	623 S. MAIN	MOSCOW	ID	USA	83843-2983
5. Organized Under the Laws of:  <b>ID C 47113</b>		6. Annual Report must be signed.* Signature: Jeffrey E Geier Name (type or print): Jeffrey E Geier				
		Date: 02/12/2009 Title: Administrator				
Processed 02/12/2009		* Electronically provided signatures are accepted as original signatures.				