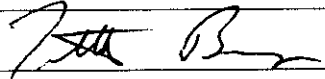


No. W 8847	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX TIMOTHY L BRININGER, M.D. 890 N 6TH E MOUNTAIN HOME, ID 83647		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TRINITY MOUNTAIN FAMILY PRACTICE PH TIMOTHY L BRININGER MD 1795 N 4TH E MOUNTAIN HOME, ID 83647 562 E DANSKIN BOISE IDAHO 83716		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Timothy Bringer	562 E DANSKIN	BOISE	ID	83716
member	KARL OLSON	12285 Highway 20	MTN HOME	ID	83647
member	Dan Crossley	2170 Contry Belle Court	MTN HOME	ID	83647
member	Wahley Bledsoe	243 S. Bledsoe Rd.	Hammett	ID	83604
5. Organized Under the Laws of: IDAHO W 8847		6.  Signature _____ Date <u>18 MARCH 06</u> Name (Typed or Printed) <u>TIMOTHY BRININGER</u> Title <u>MEMBER</u>			

Issued 03/01/2006

Do Not Tape or Staple

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