

No. C 156530	Due no later than September 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX TIMOTHY BONINE 2013 JANELLE WAY SANDPOINT, ID 83864																		
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 MOUNTAIN VIEW FAMILY MEDICINE AND A 2013 JANELLE WAY SANDPOINT, ID 83864		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President/VP.</td> <td>Timothy R. Bonine</td> <td>2013 Janelle Way</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Sec/Treas.</td> <td>Erin C. Bonine</td> <td>2013 Janelle Way</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President/VP.	Timothy R. Bonine	2013 Janelle Way	Sandpoint	ID	83864	Sec/Treas.	Erin C. Bonine	2013 Janelle Way	Sandpoint	ID	83864
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5. Organized Under the Laws of: IDAHO C 156530	6. Signature <u>EC Bonine</u> Name (typed or Printed) <u>Erin C Bonine</u>			Date <u>8/1/05</u> Title <u>Secretary</u> 200509005264																	