

**C 122026**  
No.

**Due no later than December 31, 2005**

**Annual Report Form**

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**

POST FALLS INTERNAL MEDICINE AND PE  
1300 E MULLEN STE 1600  
POST FALLS, ID 83854

2. Registered Agent and Office **NO PO BOX**

**MICHAEL J CARRAHER, M.D.**  
1300 E MULLAN  
POST FALLS, ID 83854

**3. New Registered Agent Signature**

**4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

Office held

Name

Street or P.O. Address

City

State

Zip

President Michael J Carragher 694 S. Signal Rd Post Falls, ID 83854

Secretary Annette M. Braun 694 S. Signal Rd Post Falls, ID 83854

5. Organized Under the Laws of:

**IDAHO**  
**C 122026**

6.

Signature

Name (Typed or  
Printed)

*Michael J Carragher*

Date **12/6/05**

Title **President**

Issued 10/03/2005

**Do Not Tape or Staple**

**200512007544**