

No. <b>C 42397</b>		<b>Due no later than May 31, 2006</b>		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHEAST IDAHO FAMILY PRACTICE, P.A. KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS ID 83404		KAY L CHRISTENSEN MD . 2775 CHANNING WAY IDAHO FALLS ID 83404			
				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	DANIEL W MCLAUGHLIN	1609 SUNNY PINE WAY	IDAHO FALLS	ID	USA	83401	
SECRETARY	BARRY F BENNETT	2943 BALBOA DR	IDAHO FALLS	ID	USA	83404	
PRESIDENT	KAY L CHRISTENSEN	3875 CANTERBURY WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>IDAHO C 42397</b>		6. Annual Report must be signed.* Signature: KAY L CHRISTENSEN Name (type or print): KAY L CHRISTENSEN  Date: 05/31/2006 Title: PRES.					
Processed 05/31/2006		* Electronically provided signatures are accepted as original signatures.					