

No. C 148688

Due no later than April 30, 2005
Annual Report Form

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

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WORTHAM FAMILY CLINIC, P.C.
8 SOUTH 1ST WEST
PRESTON, ID 83263

TRAVIS KUNZ
955 N FAIRWAY DR
PRESTON, ID 83263

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	REX E. WORTHAM	145 GAMBLE AVE	PRESTON	ID	83263
SEC/TRES.	LORI WORTHAM	145 GAMBLE AVE	PRESTON	ID	83263

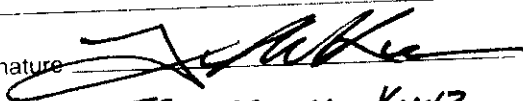
5. Organized Under the Laws of:

IDAHO
C 148688

6.

Signature

Name
(Typed or
Printed)


TRAVER M. KUNZ

Date

Title

8/2/05
CPA

Issued 02/01/2005

Do Not Tape or Staple

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