

No. W 57483

Due no later than December 31, 2007
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable:
MEDICAL OFFICE LLC
HCR 60 BOX 157
BONNERS FERRY, ID 83805

Box 208 6488 Chinook St
Bonners Ferry ID 83805

2. Registered Agent and Office NO PO BOX
LIGEIA REINHARDT MD
HCR 60 BOX 157
BONNERS FERRY, ID 83805

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

Street or P.O. Address

City

State

Zip

Owner Ligeia Reinhardt Box 208 6488 Chinook Bonners Ferry ID 83805
Owner Troy Geyman Box 208 6488 Chinook Bonners Ferry ID 83805

5. Organized Under the Laws of:
IDAHO
W 57483

6.

Signature

Name

(Typed or
Printed)

Ligeia Reinhardt

Date

12/24/07

Title

Owner

200712010265

Do Not Tape or Staple