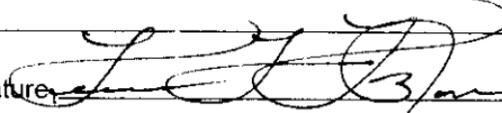


No. C 134589	Due no later than June 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEBLANC FAMILY MEDICINE, P.C. 721 W NORTH ST GRANGEVILLE, ID 83530 610 North West Second Street Grangeville, Idaho 83530	LEANNE L LEBLANC MD 136 N STATE ST GRANGEVILLE, ID 83530 3. New Registered Agent Signature												
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1"> <thead> <tr> <th data-bbox="316 409 546 450"><u>Office held</u></th> <th data-bbox="546 409 819 450"><u>Name</u></th> <th data-bbox="819 409 1321 450"><u>Street or P.O. Address</u></th> <th data-bbox="1321 409 1517 450"><u>City</u></th> <th data-bbox="1517 409 1692 450"><u>State</u></th> <th data-bbox="1692 409 1889 450"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 450 546 569">President</td> <td data-bbox="546 450 819 569">Leanne LeBlanc</td> <td data-bbox="819 450 1321 569">104 Shiloh Drive</td> <td data-bbox="1321 450 1517 569">Grangeville</td> <td data-bbox="1517 450 1692 569">Idaho</td> <td data-bbox="1692 450 1889 569">83530</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Leanne LeBlanc	104 Shiloh Drive	Grangeville	Idaho	83530
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Leanne LeBlanc	104 Shiloh Drive	Grangeville	Idaho	83530									
5. Organized Under the Laws of: IDAHO C 134589	<p>6. Signature  Date <u>3/31/04</u></p> <p>Name (Typed or Printed) <u>Leanne LeBlanc</u> Title <u>President</u></p>													