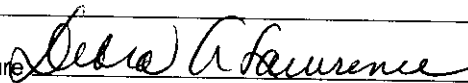


No. W 2509 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable FAMILY HEALTH CENTER OF SANDPOINT, THOMAS L LAWRENCE MD PA 1327 SUPERIOR ST SANDPOINT, ID 83864	2. Registered Agent and Office NO PO BOX THOMAS L LAWRENCE MD PA 1327 SUPERIOR ST SANDPOINT, ID 83864 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	THOMAS L LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864
SECRETARY	DEBRA LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864

5. Organized Under the Laws of: IDAHO W 2509	6.  Signature _____ Date <u>4-17-02</u> Name <small>(Typed or Printed)</small> <u>DEBRA A LAWRENCE</u> Title <u>SECRETARY</u>
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