

No. C 42397		Due no later than May 31, 2007		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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: IDAHO C 42397		6. Annual Report must be signed.* Signature: Kay Christensen Name (type or print): Kay Christensen					
		Date: 04/06/2007 Title: President					
Processed 04/06/2007		* Electronically provided signatures are accepted as original signatures.					