

No. W 16165	Due no later than August 31, 2003 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 MAIN STREET MEDICAL, L.L.C. CHARLES L NEWHOUSE MD PO BOX 1640 BONNERS FERRY, ID 83805		CHARLES L NEWHOUSE 6635 COMANCHE ST BONNERS FERRY, ID 83805 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager -</td> <td>Charles Newhouse -</td> <td>P.O. Box 1640</td> <td>Bonnors Ferry,</td> <td>Idaho</td> <td>83805</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>	Manager -	Charles Newhouse -	P.O. Box 1640	Bonnors Ferry,	Idaho	83805
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager -	Charles Newhouse -	P.O. Box 1640	Bonnors Ferry,	Idaho	83805										
5. Organized Under the Laws of: IDAHO W 16165	6. Signature <u>C Newhouse</u> Date <u>9 June 2003</u> Name <small>(Typed or Printed)</small> <u>Charles Newhouse</u> Title <u>Manager</u>														