

No. W 27191	Due no later than December 31, 2006 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	1. Mailing Address - Correct in this box, if applicable		JACK T RIGGS MD 927 E POLSTON STE 303 POST FALLS, ID 83854	
NO FILING FEE IF RECEIVED BY DUE DATE	NORTH IDAHO MEDICAL CARE CENTERS, P JACK T RIGGS MD 927 E POLSTON STE 303 POST FALLS, ID 83854		3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.				
Office held	Name	Street or P.O. Address	City	State Zip
President	Manager	Jack Riggs 927 E. Polston Ave Post Falls	Id	83854
CEO	Kirk Hjeltness	Kirk Hjeltness 927 E. Polston Ave Post Falls	Id	83854
5. Organized Under the Laws of:		6. Signature _____ Date _____		
IDAHO W 27191		Signature <u>Kirk Hjeltness</u> Date <u>1/9/07</u>		
Name (Typed or Printed)		Name (Typed or Printed) <u>Kirk Hjeltness</u> Title <u>CEO</u>		

Issued 10/02/2006

Do Not Tape or Staple

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