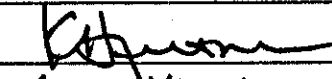


No. W 27191	Due no later than December 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO MEDICAL CARE CENTERS, P JACK T RIGGS MD 927 E POLSTON STE 303 POST FALLS, ID 83854		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. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres manager</td> <td>Jack Riggs</td> <td>927 E. Polston Ave</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>CEO</td> <td>Kirk Hjeltness</td> <td>927 E. Polston Ave</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres manager	Jack Riggs	927 E. Polston Ave	Post Falls	ID	83854	CEO	Kirk Hjeltness	927 E. Polston Ave	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO W 27191		6. Signature <u></u> Date <u>1/9/07</u> Name (Typed or Printed) <u>Kirk Hjeltness</u> Title <u>CEO</u>																			

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