

No. C 102682		Due no later than Jul 31, 2008		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. IDAHO PHYSICIANS NETWORK, INC. LINDA L DUER 800 PARK BLVD STE 760 BOISE ID 83712		LINDA DUER 800 PARK BLVD STE 760 BOISE ID 83712		
				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
TREASURER	DAVID T. SELF	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
DIRECTOR	MARTIN J. GABICA MD	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
SECRETARY	LINDA L DUER	800 PARK BLVD. SUITE 760	BOISE	ID	USA	83712
DIRECTOR	GRAHAM WETHERLEY, M.D.	900 N. LIBERTY STREET SUITE 30	BOISE	ID	USA	83704
DIRECTOR	WILLIAM JONES, M.D.	6046 EMERALD	BOISE	ID	USA	83704
DIRECTOR	JEFFREY HESSING, M.D.	8854 W. EMERALD SUITE 140	BOISE	ID	USA	83704
DIRECTOR	RANDELL PAGE, M.D.	215 E. HAWAII	NAMPA	ID	USA	83686
PRESIDENT	WILLIAM L. JONAKIN, M.D.	1520 W. STATE ST. SUITE 100	BOISE	ID	USA	83702
DIRECTOR	DANIEL C. REED, M.D.	435 S. EAGLE	EAGLE	ID	USA	83616
DIRECTOR	ELWOOD KLEAVER	800 PARK BLVD	BOISE	ID	USA	83712
DIRECTOR	GARY WALLACE, M.D.	2295 CORONADO STREET	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 102682		Signature: Linda Duer		Date: 06/21/2008		
		Name (type or print): Linda Duer		Title: Executive Director		
Processed 06/21/2008		* Electronically provided signatures are accepted as original signatures.				