

No. C 144337

Due no later than June 30, 2007
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

PORTNEUF FAMILY MEDICINE, P.A.
RICHARD JOHN LASSERE MD
~~755 HOSPITAL WAY BLD A~~ 353 N. 4th Ave
~~STE 102~~ STE 102
POCATELLO, ID 83201RICHARD JOHN LASSERE MD
5375 COUNTRY CLUB
POCATELLO, ID 83204NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	R. John Lassere, M.D.	353 N. 4th Ave, Ste 102	Pocatello	ID	83201
Vice President	Jordan Bailey M.D.	353 N. 4th Ave, Ste 102	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
C 144337

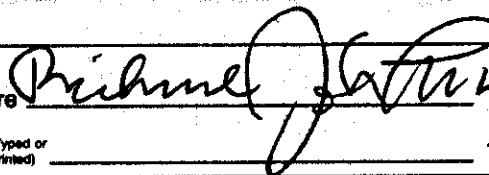
6.

Signature

Name (Typed or
Printed)

Date

Title


Date 4/23/07