

No. C 51430	Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable FAMILY PRACTICE RESIDENCY OF IDAHO, TED EPPERLY MD 777 NORTH RAYMOND STREET BOISE, ID 83704		TED EPPERLY MD 777 NORTH RAYMOND BOISE, ID 83704	
NO FILING FEE IF RECEIVED BY DUE DATE			3. 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>
see Attached				
5. Organized Under the Laws of: IDAHO C 51430		6. Signature <u>Ted Epperly MD</u> Date <u>5/28/08</u> Name (Typed or Printed) <u>Ted Epperly, MD</u> Title <u>Chairman & Program Director</u>		

Issued 03/03/2008

Do Not Tape or Staple

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Instructions: Enter Names and Business Addresses of President, Secretary and Directors

Position Held	Name	Street or P.O. Box	City	State	Zip
President	Sam Summers, M.D.	1819 Ellis Avenue	Caldwell	ID	83605
Chairman/Program Director	Ted Epperty, M.D.	777 North Raymond Street	Boise	ID	83704
Director	Gary Fletcher	190 East Bannock	Boise	ID	83712
Director	Janelle Reilly	1055 North Curtis Road	Boise	ID	83706