

No. C 117548

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

POST FALLS FAMILY MEDICINE, P.A.
CHRISTOPHER BILLINGSLEA
1220 E. POLSTON AVE.
POST FALLS, ID 83854

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1220 E. POLSTON AVENUE
POST FALLS, ID 83854

**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.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Christopher Billingslea	1220 E. Polston Ave	Post Falls	ID	83854
Secretary	Morgan Ford	"	"	"	"
Treasurer	Anthony Peters	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 117548

6.

Signature

Date

12/14/06

Name

(Typed or
Printed)

Christopher Billingslea

Title

President