

No. C 47113	Due no later than Mar 31, 2011 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. MOSCOW FAMILY MEDICINE, P.A. JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983 USA	WAYNE L RUBY 623 S MAIN ST MOSCOW ID 83843 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
DIRECTOR	NANCY JO ELSBURY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	DUSTIN K WORTH	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	RANDALL G LORENZ	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	SUNDAY D HENRY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	HELEN M SHEARER	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	SARA M LAWRENCE	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
DIRECTOR	ROBERT M TING	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
SECRETARY	FRANCIS K SPAIN	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
PRESIDENT	WAYNE L RUBY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983
5. Organized Under the Laws of: ID C 47113	6. Annual Report must be signed.* Signature: Jeffrey E Geier Name (type or print): Jeffrey E Geier		Date: 02/07/2011 Title: Administrator			
Processed 02/07/2011		* Electronically provided signatures are accepted as original signatures.				