

No. **W 27191**

**Due no later than December 31, 2004
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

NORTH IDAHO MEDICAL CARE CENTERS, P
JACK T RIGGS MD
927 E POLSTON STE 303
POST FALLS, ID 83854

JACK T RIGGS MD
927 E POLSTON STE 303
POST FALLS, ID 83854

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

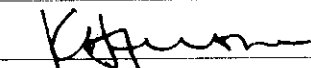
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|----------------|-------------------------------|-------------|--------------|------------|
| CEO | Kirk Hjeltness | 927 E. Polston Ste 303 | Post Falls | Id | 83854 |

5. Organized Under the Laws of:

IDAHO
W 27191

6.

Signature



Date

12-24-04

Name Type: (or Printed)

Kirk Hjeltness

Title

CEO