No. **C 122026**	**Due no later than Dec 31, 2009** **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.** POST FALLS INTERNAL MEDICINE AND PEDIATRICS, PA MICHAEL J CARRAHER 1300 E MULLEN STE 1600 POST FALLS ID 83854	MICHAEL J CARRAHER, M.D. 1300 E MULLAN POST FALLS ID 83854 3. New 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
SECRETARY	ANNETTE M BAUMAN	1300 E. MULLAN SUITE 1600	POST FALLS	ID	USA	83854
PRESIDENT	MICHAEL J CARRAHER	1300 E. MULLAN SUITE 1600	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 122026**	Signature: Michael J. Carraher, MD	Date: 10/21/2009
	Name (type or print): Michael J. Carraher, MD	Title: President

Processed 10/21/2009

* Electronically provided signatures are accepted as original signatures.