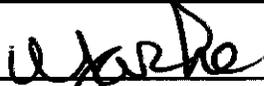


No. C117548	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct if Not Correct POST FALLS FAMILY MEDICINE, WILLIAM M FOUCHE 105 E 10TH 1220 E Polston Avenue POST FALLS ID 83854		WILLIAM M FOUCHE 105 E 10TH 1220 E Polston Avenue POST FALLS ID 83854 3. Organized Under the Laws of: ID C117548																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th data-bbox="19 367 272 399"><u>Office held</u></th> <th data-bbox="272 367 602 399"><u>Name</u></th> <th data-bbox="602 367 1032 399"><u>Street or P.O. Address</u></th> <th data-bbox="1032 367 1230 399"><u>City</u></th> <th data-bbox="1230 367 1329 399"><u>State</u></th> <th data-bbox="1329 367 1466 399"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="19 399 272 452">President</td> <td data-bbox="272 399 602 452">William Fouche</td> <td data-bbox="602 399 1032 452">1220 E Polston Avenue</td> <td data-bbox="1032 399 1230 452">Post Falls</td> <td data-bbox="1230 399 1329 452">ID</td> <td data-bbox="1329 399 1466 452">83854</td> </tr> <tr> <td data-bbox="19 452 272 516">Secretary</td> <td data-bbox="272 452 602 516">Orest Gaska</td> <td data-bbox="602 452 1032 516">1220 E Polston Avenue</td> <td data-bbox="1032 452 1230 516">Post Falls</td> <td data-bbox="1230 452 1329 516">ID</td> <td data-bbox="1329 452 1466 516">83854</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	William Fouche	1220 E Polston Avenue	Post Falls	ID	83854	Secretary	Orest Gaska	1220 E Polston Avenue	Post Falls	ID	83854
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5. <u>New</u> Registered Agent Signature		6. Signature <u></u> Date <u>11/1/99</u> Name (Typed or Printed) <u>William M. Fouche</u> Title <u>President</u>																				

ISSUED: 10-01-1999

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