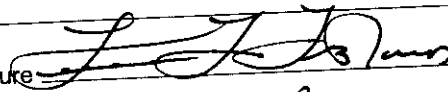


<b>No. C 134589</b>	<b>Due no later than Jun 30, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable LEBLANC FAMILY MEDICINE, P.C. 136 N STATE ST GRANGEVILLE, ID 83530		LEANNE L LEBLANC MD 136 N STATE ST GRANGEVILLE, ID 83530													
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	3. <u>New</u> Registered Agent Signature															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Leanne LeBlanc</td> <td>Rt 2 Box 561</td> <td>Grangeville</td> <td>ID</td> <td>83530</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	Leanne LeBlanc	Rt 2 Box 561	Grangeville	ID	83530
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Leanne LeBlanc	Rt 2 Box 561	Grangeville	ID	83530											
5. Organized Under the Laws of: IDAHO C 134589		6. Signature  Date 4/24/02 Name (Typed or Printed) Leanne L LeBlanc MD Title owner president														