

No. C 144337		Due no later than Jun 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PORTNEUF FAMILY MEDICINE, P.A. RICHARD JOHN LASSERE MD 353 N 4TH AVE STE 102 POCATELLO ID 83201		RICHARD JOHN LASSERE MD 5375 COUNTRY CLUB POCATELLO ID 83204			
				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	JORDAN L BAILEY	353 N. 4TH AVE, STE 102	POCATELLO	ID	USA	83201	
PRESIDENT	RICHARD JOHN LASSERE	353 N. 4TH AVE, STE 102	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 144337		Signature: Richard John Lassere				Date: 07/14/2009	
		Name (type or print): Richard John Lassere				Title: President	
Processed 07/14/2009		* Electronically provided signatures are accepted as original signatures.					