

No. W 16165

Due no later than Aug 31, 2002
Annual Report Form

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 applicable

MAIN STREET MEDICAL, L.L.C.
CHARLES L NEWHOUSE, mD
7170 MAIN ST
P.O. Box 1640
BONNERS FERRY, ID 83805

2. Registered Agent and Office NO PO BOX

CHARLES L NEWHOUSE
7170 MAIN ST
P.O. Box 1635 Comanche
BONNERS FERRY, ID 83805 St.

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

MANAGER,
OWNER

Chuck Newhouse

P.O. Box 1640

Bonners Ferry,

Idaho

83805

5. Organized Under the Laws of:

IDAHO

W 16165

6.

Signature

Name
(Typed or
Printed)

CHARLES L. NEWHOUSE

Date

14 June 2002

Title
MANAGER