

No. W 16165	Due no later than Aug 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX CHARLES L NEWHOUSE 7178 MAIN ST P.O. Box 6635 Comanche St. BONNERS FERRY, ID 83805												
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 7178 MAIN ST P.O. Box 1640 BONNERS FERRY, ID 83805	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER, OWNER</td> <td>Chuck Newhouse</td> <td>P.O. Box 1640</td> <td>Bonnors Ferry,</td> <td>Idaho</td> <td>83805</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER, OWNER	Chuck Newhouse	P.O. Box 1640	Bonnors Ferry,	Idaho	83805
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5. Organized Under the Laws of: IDAHO W 16165	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u><i>C. Newhouse</i></u></td> <td style="width: 40%;">Date <u>14 June 2002</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>CHARLES L. NEWHOUSE</u></td> <td>Title <u>MANAGER</u></td> </tr> </table>		Signature <u><i>C. Newhouse</i></u>	Date <u>14 June 2002</u>	Name <small>(Typed or Printed)</small> <u>CHARLES L. NEWHOUSE</u>	Title <u>MANAGER</u>								
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