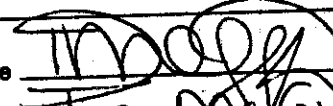


No. C 171039	Due no later than January 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BLACK CANYON FAMILY MEDICINE, P.C. 119 N WARDWELL EMMETT, ID 83617		TINA MCGUFFEY 119 N WARDWELL EMMETT, ID 83617 3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tina McGuffey</td> <td>119 N Wardwell Ave</td> <td>Emmett</td> <td>ID</td> <td>83617</td> </tr> <tr> <td>Secretary</td> <td>Brett Mumford</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Tina McGuffey	119 N Wardwell Ave	Emmett	ID	83617	Secretary	Brett Mumford				
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President	Tina McGuffey	119 N Wardwell Ave	Emmett	ID	83617																
Secretary	Brett Mumford																				
5. Organized Under the Laws of: IDAHO C 171039	6. Signature  Name (Typed or Printed) Tina McGuffey			Date 1/22/08 Title President 200801005195																	

Issued 11/01/2007

Do Not Tape or Staple