

No. C 162872

Due no later than October 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

FALLS CREEK MEDICAL CONSULTANTS, INC.
~~3493 NATHAN DR~~
~~IDAHO FALLS, ID 83404~~518 MAPLE ROAD
MONTPELIER, ID. 83254

KAREN L PODANY

~~3493 NATHAN DR~~~~IDAHO FALLS, ID 83404~~518 MAPLE ROAD
MONTPELIER, ID. 83254NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
<u>PRES.</u>	KAREN L. PODANY	518 MAPLE RD.	MONTPELIER	ID.	83254
<u>SEC.</u>	JOSEPH E. PODANY, MD.	518 MAPLE RD.	MONTPELIER	ID.	83254

5. Organized Under the Laws of:
IDAHO
C 162872

6.

Signature

Karen L. Podany, PRES.

Date

9/5/07

Name

(Typed or
Printed)

Karen L Podany, Pres.

Title

Pres.

Issued 08/02/2007

Do Not Tape or Staple

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