

No. C 143866		Due no later than May 31, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MOUNTAINVIEW FAMILY MEDICINE, INC. NATALIE R HOUGHTON 2006 BIRDIE THOMPSON DR POCATELLO ID 83201 USA		BRADLEY M BURTON 2006 BIRDIE THOMPSON DR. POCATELLO ID 83201			
				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	
PRESIDENT	E EVAN HOLMSTEAD	3515 SOMERSET	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 143866		6. Annual Report must be signed.* Signature: Natalie Houghton Name (type or print): Natalie Houghton					
		Date: 03/21/2011 Title: Office Manager					
Processed 03/21/2011 * Electronically provided signatures are accepted as original signatures.							