

No. **C 47113**

Due no later than March 31, 2006

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

Annual Report Form

1. Mailing Address - Correct in this box, if applicable
MOSCOW FAMILY MEDICINE, P.A.
DAVID D. SHUPE, M.D.
623 S. MAIN
MOSCOW, ID 83843

WAYNE L. RUBY
623 SOUTH MAIN
MOSCOW, ID 83843

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Wayne Ruby	623 S Main	MOSCOW	ID	83843
Vice	Glenn David Rych				
Secy Treas	Francis Sporn				

5. Organized Under the Laws of:
**IDAHO
C 47113**

6. Signature *Wayne Ruby* Date _____
Name (Typed or Printed) Wayne Ruby Title Pres/owner

Issued 01/04/2006

Do Not Tape or Staple

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