No. C 146603	Due no later than December 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 MCCONNEHEY FAMILY MEDICINE, CHTD. BROCK A MCCONNEHEY DO 6126 W EMERALD BOISE, ID 83704-8857	BROCK A MCCONNEHEY DO 6126 W EMERALD ST BOISE, ID 83704 3. 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
Pres.	Brock McConnehey	6126 W. Emerald	Boise	ID	83704
Sec.	Diane McConnehey	6126 W. Emerald	Boise	ID	83704

5. Organized Under the Laws of:	6.
IDAHO C 146603	Signature _____ Date 11/19/08 Name (Typed or Printed) Brock McConnehey Title Pres.

Issued 10/17/2008

Do Not Tape or Staple

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