

No. C 134589

Due no later than June 30, 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

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

MOUNTAIN STATE FAMILY MEDICINE, P.C
610 NORTHWEST SECOND ST
GRANGEVILLE, ID 83530

LEANNE L LEBLANC MD
610 NW 2ND ST
GRANGEVILLE, ID 83530

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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>
President	Leanne LeBlanc	610 NW 2nd Street	Grangeville	Idaho	83530

5. Organized Under the Laws of:
IDAHO
C 134589

6.

Signature

Date

Name

(Typed or Printed)

Title

Leanne L LeBlanc

Owner/President

Issued 04/01/2008

Do Not Tape or Staple

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