No. C 157279	D	Due no later than Nov 31, 2005		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form STEVEN C PUFFER MD					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DOC-SIDE ME DOUG KIMBAI 502 N SECON	1. Mailing Address: Correct in this box if needed. DOC-SIDE MEDICAL GROUP, P.C. DOUG KIMBALL 502 N SECOND AVE SANDPOINT ID 83864 0000		502 N SECOND AVE SANDPOINT ID 83864 0000			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names an	d Business Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
	EN C PUFFER T A STURDEVANT	502 N SECOND AVE 502 N SECOND AVE	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of	6. Annual Repo	6. Annual Report must be signed.*					
IDA HO	Signature: S	Signature: Steven C. Puffer Date: 09/09/2005					
C 157279	Name (type o	Name (type or print): Steven C. Puffer		Title: President			
Processed 09/09/2005	* Electronically	* Electronically provided signatures are accepted as original signatures.					