

No. **C 134589**

Due no later than June 30, 2006

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
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

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

LEANNE L LEBLANC MD
~~100 N STATE ST~~ 610 NW 2nd St
GRANGEVILLE, ID 83530

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

5. Organized Under the Laws of:

IDAHO
C 134589

6.

Signature

Leanne L LeBlanc

Date

4/19/06

Name

(Typed or
Printed)

Leanne L LeBlanc

Title

President owner

200606004453

Issued 04/03/2006

Do Not Tape or Staple