No. **C 179246**	**Due no later than Jul 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MORGAN FAMILY MEDICINE, P.A. TRACY L MORGAN 3204 ANDERSON ST BOISE ID 83703 USA	TRACY MORGAN 3204 ANDERSON ST BOISE ID 83703 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TRACY L MORGAN	3204 ANDERSON ST	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 179246**	Signature: Tracy Morgan	Date: 08/26/2009
	Name (type or print): Tracy Morgan	Title: President

Processed 08/26/2009

* Electronically provided signatures are accepted as original signatures.