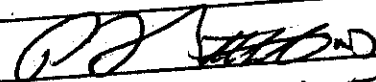


No. W 24452	Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable FAMILY HEALTH CARE OF POST FALLS, P. GINDY MOORE <i>Kristy Brillhart</i> 1110 E POLSTON AVE STE 1 POST FALLS, ID 83854		PAUL F BRILLHART MD ABFP 1110 E POLSTON AVE STE 1 POST FALLS, ID 83854	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.				
<u>Office held</u> OWNER	<u>Name</u> Paul Brillhart, MD	<u>Street or P.O. Address</u> 1110 E. POLSTON AVE	<u>City</u> Post Falls	<u>State</u> ID
5. Organized Under the Laws of: IDAHO W 24452		6. Signature  Name (Typed or Printed) <u>PAUL F. BRILLHART</u>	<u>3/26/08</u> Date <u>MD</u> Title	200805006369
Not Tape or Staple				