No. W 24452

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than May 31, 2008
Annual Report Form

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

FAMILY HEALTH CARE OF POST FALLS, P
~~CINDY MCGUIRE~~ Kristy Brillhart
1110 E POLSTON AVE STE 1
POST FALLS, ID 83854

2. Registered Agent and Office NO PO BOX

PAUL F BRILLHART MD ABFP
1110 E POLSTON AVE STE 1
POST FALLS, ID 83854

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
OWNER	Paul BRILLHART, MD	1110 E. POLSTON AVE	Post Falls	ID	83854

5. Organized Under the Laws of:
IDAHO
W 24452

6.
Signature [signature] MD Date 3/26/08
Name (Typed or Printed) Paul F. BRILLHART Title M.D

200805006369

Do Not Tape or Staple