

No. <b>C 117548</b>		<b>Due no later than Dec 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  POST FALLS FAMILY MEDICINE, P.A. CHRISTOPHER M BILLINGSLEA 1220 E POLSTON AVE POST FALLS ID 83854 USA		CHRISTOPHER BILLINGSLEA 1220 E POLSTON AVE POST FALLS ID 83854			
				3. <u>New</u> 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	
TREASURER	ANTHONY D PETERS	1220 E POLSTON AVE	POST FALLS	ID	USA	83854	
SECRETARY	MORGAN D FORD	1220 E POLSTON AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 117548</b>		Signature: Connie A Knight				Date: 01/10/2012	
		Name (type or print): Connie A Knight				Title: Office Manager	
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.					

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