

No. <b>W 24452</b>		<b>Due no later than May 31, 2007</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  FAMILY HEALTH CARE OF POST FALLS, PLLC CINDY MCGUIRE 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	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	PAUL F BRILLHART	PO BOX 969	POST FALLS	ID	83877
5. Organized Under the Laws of:  <b>IDAHO W 24452</b>		6. Annual Report must be signed.* Signature: Cindy McGuire Name (type or print): Cindy McGuire Date: 04/25/2007 Title: Administrative Assistant			
Processed 04/25/2007		* Electronically provided signatures are accepted as original signatures.			