

No. <b>C 141577</b>	<b>Due no later than Nov 30, 2010</b> <b>Annual Report Form</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> JULIA MANGAN NP, FAMILY PRACTICE CLINIC, P.C. JULIA B MANGAN 1112 IRONWOOD DR COEUR D'ALENE ID 83814-2474 USA		JULIA B MANGAN 1112 IRONWOOD DR COEUR D'ALENE ID 83814-2474			
			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
PRESIDENT	JULIA B MANGAN FNP	1112 IRONWOOD DRIVE 9802 WEST THOMPSON RD.	COEUR D'ALENE	ID	USA	83814-2474
5. Organized Under the Laws of:  <b>ID C 141577</b>		6. Annual Report must be signed.* Signature: Julia Mangan, FNP Name (type or print): Julia Mangan, FNP Date: 12/17/2010 Title: President				
Processed 12/17/2010		* Electronically provided signatures are accepted as original signatures.				