

No. C 113250		Due no later than Jan 31, 2010		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAPLE GROVE FAMILY HEALTH CARE, P.A. CAROL JOHNSON 3090 GENTRY WAY STE 200 MERIDIAN ID 83642		DICK RANT 3090 GENTRY WAY STE 200 MERIDIAN ID 83642		
				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
DIRECTOR	TERRY G RIBBENS	3090 GENTRY WAY SUITE 200	MERIDIAN	ID	USA	83642
DIRECTOR	WILLIAM L CRUMP	3090 GENTRY WAY SUITE 200	MERIDIAN	ID	USA	83642
DIRECTOR	WILLIAM D LOVELAND	3090 GENTRY WAY SUITE 200	MERIDIAN	ID	USA	83642
PRESIDENT	WADE M BATEMAN	3090 GENTRY WAY SUITE 200	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 113250		6. Annual Report must be signed.* Signature: Wade M. Bateman Name (type or print): Wade M. Bateman Date: 11/17/2009 Title: President				
Processed 11/17/2009		* Electronically provided signatures are accepted as original signatures.				