

No. C 48231A		Due no later than Oct 31, 2013		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. IDAHO UROLOGY CLINIC, P.A. MEL WALTMAN, L.P.N. 1613-B 12TH AVE. RD. NAMPA ID 83686 USA		WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD. NAMPA ID 83686			
				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	WILFRED E WATKINS, M.D.	1613-B, 12TH AVE ROAD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 48231A		6. Annual Report must be signed.* Signature: Wilfred E Watkins Name (type or print): Wilfred E Watkins Date: 08/19/2013 Title: Owner/president					
Processed 08/19/2013		* Electronically provided signatures are accepted as original signatures.					