No. C 52954

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than February 29, 2008
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

MICHAEL E. ESTESS, M.D., CHARTERED
1471 SHORELINE DR STE 119
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

MICHAEL E. ESTESS, MD
1471 SHORELINE DRIVE
BOISE, ID 83702

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael E. Estess	1471 Shoreline Dr., Ste 119	Boise	ID	83702

5. Organized Under the Laws of:
IDAHO
C 52954

6. Signature Michael E. Estess M.D. Date 2-14-08

Name (Typed or Printed) _____ Title _____

Issued 12/03/2007

Do Not Tape or Staple

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