No. **C 62905**	**Due no later than Jan 31, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST M.D. JAMES T. ANNEST, M.D. 285 FRAZIER CT TWIN FALLS ID 83301 USA	JAMES T. ANNEST, M.D. 285 FRAZIER CT TWIN FALLS ID 83301 3. New 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	JAMES T. ANNEST, M.D.	285 FRAZIER CT.	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 62905**	Signature: James T. Annest, M.D.	Date: 12/03/2013
	Name (type or print): James T. Annest, M.D.	Title: President

Processed 12/03/2013

* Electronically provided signatures are accepted as original signatures.