

No. <b>C 42397</b>		<b>Due no later than May 31, 2012</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>  SOUTHEAST IDAHO FAMILY PRACTICE, P.A. KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS ID 83404		KAY L CHRISTENSEN MD. 2775 CHANNING WAY IDAHO FALLS ID 83404			
						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	DANIEL W MC LAUGHLIN	3971 WOODHAVEN LANE	IDAHO FALLS	ID	USA	83404	
SECRETARY	BARRY F BENNETT	2943 BALBOA DR	IDAHO FALLS	ID	USA	83404	
PRESIDENT	KAY L CHRISTENSEN	3875 CANTERBURY WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID</b> <b>C 42397</b>		6. Annual Report must be signed.*  Signature: Kurtis Taylor Name (type or print): Kurtis Taylor					
		Date: 06/15/2012 Title: Accountant					
Processed 06/15/2012      * Electronically provided signatures are accepted as original signatures.							