

No. C 165476		Due no later than Mar 31, 2009		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. CLEARWATER VEIN CARE CENTER, PC ALAN G MUENCH 166 LAKE RD GRANGEVILLE ID 83530		ALAN G MUENCH 166 LAKE RD GRANGEVILLE ID 83530			
				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	ALAN G MUENCH	166 LAKE RD	GRANGEVILLE	ID	USA	83530	
SECRETARY	MARY L MUENCH	166 LAKE RD	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of: WA C 165476		6. Annual Report must be signed.* Signature: Mary Muench Name (type or print): Mary Muench Date: 01/21/2009 Title: Secretary					
Processed 01/21/2009		* Electronically provided signatures are accepted as original signatures.					