

No. C 115174		Due no later than May 31, 2010 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. HUMPHREYS DIABETES CENTER, INC. ROBERT SCANLON 1226 RIVER ST BOISE ID 83702		ROBERT SCANLON 1226 RIVER ST BOISE ID 83702			
						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	MORGAN MASNER	4325 W. GRAY TEAL CT.	EAGLE	ID	USA	83616	
DIRECTOR	ROBERT SEEHUSEN	1361 IRWIN ST	EAGLE	ID	USA	83616	
PRESIDENT	CHRIS NELSON	2029 FELDSPAR	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID C 115174		6. Annual Report must be signed.* Signature: Robert Scanlon Name (type or print): Robert Scanlon					
		Date: 03/11/2010 Title: Executive Director					
Processed 03/11/2010 * Electronically provided signatures are accepted as original signatures.							