No. C 69355

Due no later than March 31, 2006

Annual Report Form

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 applicable

WILLIAM C. FITZHUGH, M.D., P.A.
WILLIAM C FITZHUGH M.D.
589 SHOUP AVE. WEST
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

WILLIAM C FITZHUGH
589 SHOUP AVE. WEST
TWIN FALLS, ID 83301

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
Pres.	W.C. FITZHUGH, MD	589 Shoup Ave. W.	Twin Falls	ID	83301
Sec.	J.P. FITZHUGH				

5. Organized Under the Laws of:
IDAHO
C 69355

6.
Signature _____ Date 1-16-06
Name (Typed or Printed) _____ Title _____

Issued 01/04/2006

Do Not Tape or Staple

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