No. C 150699	Annual Report Form 1. Mailing Address: Correct in this box if needed. WILLIAM G. BINEGAR, M.D., P.A. WILLIAM G BINEGAR 2361 N ANGELVIEW LN		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			WILLIAM G BINEGAR 2361 N ANGELVIEW LANE BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Dire	ectors. Treasurer (d	optional).			
Office Held Name	Street or PO Addres	S	City	State	Country	Postal Code
PRESIDENT WILLIAM G	BINEGAR 2361 N ANGELVIEW	LN	BOISE	ID	USA	83702
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID ID	Signature: William G Binegar		Date: 07/29/2009			
C 150699	Name (type or print): William G Binegar		Title: President			
Processed 07/29/2009	* Electronically provided signatures are accepted as original signatures.					