

No. **C 100298****Due no later than December 31, 2004**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JOHN M. LIVINGSTON, M.D., P.A.
JOHN M LIVINGSTON, M.D.
101 S CAPITOL BLVD, SUITE 1900
BOISE, ID 83702DALE G HIGER
101 S CAPITOL BLVD, SUITE 1900
BOISE, ID 83702**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	John M. Livingston, M.D.	999 N. Curtis Rd.	Boise	Idaho	83706
Sec/Trea	Linda Livingston	999 N. Curtis Rd.	Boise	Idaho	83706

5. Organized Under the Laws of:

IDAHO
C 100298

6.

Signature

Date

Name (Typed or
Printed)

John M. Livingston, M.D. Title President

Issued 10/01/2004

Do Not Tape or Staple

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