

No. C 137104

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

ALAN OLMSTEAD
844 WASHINGTON ST N STE 100
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

ALAN OLMSTEAD M.D. CHTD
844 WASHINGTON ST N STE 100
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

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>
Pres	Alan Olmstead	844 Washington St N Suite 100	Twin Falls,	ID	83301
Sec/Trea	Laurie Simons	844 Washington St N Suite 100	Twin Falls,	ID	83301

5. Organized Under the Laws of:
IDAHO
C 137104

6.

Signature

Alan Olmstead

Date

1-17-08

Name

(Typed or
Printed)

Alan Olmstead

Title

Pres

Issued 11/01/2007

Do Not Tape or Staple

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