No. C 128511  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE			Due no later than Apr 30, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
			Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROBERT W. BOHUS, M.D., F.A.C.S., P.A.  ROBERT W BOHUS, M.D.  P.O. BOX 490 6240 N. RAPID CR. ROAD  INKOM ID 83245		ROBERT W BOHUS MD 6240 N. RAPID CR. ROAD INKOM ID 83245  3. New Registered Agent Signature:*			
		ROBERT W.						
4. Corporations: Enter	Names and B	usiness Addresses o	of President, Secretary, and Directors. Tro	easurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERT	W BOHUS	P.O. BOX 490	INKOM	ID	USA	83245	
5. Organized Under the Laws of:		6. Annual Rep	6. Annual Report must be signed.*					
ID C 128511		Signature: I	Signature: Betti Bohus		Date: 06/20/2012			
		Name (type	Name (type or print): Betti Bohus		Title: Office Manager			
Processed 06/20/2012		* Electronically	provided signatures are accepted as orig	ginal signatures.			_	