

No. C 69355

Due no later than March 31, 2007

Annual Report Form

2. 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

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

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

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

Office held

Name

Street or P.O. Address

City

State

Zip

*pres* *William* *Fitzhugh* *589 Shoupw* *Twin Falls, ID* *83301*

SIGN HERE

5. Organized Under the Laws of:  
IDAHO  
C 69355

6.

Signature

Date

Name

(Typed or  
Printed)

Title

*William C. Fitzhugh* *pres*

Issued 01/02/2007

Do Not Tape or Staple

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