

No. C 185392		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO FALLS ARTHRITIS CLINIC, PC CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS ID 83404		CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CRAIG D SCOVILLE	2220 EAST 25TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 185392		6. Annual Report must be signed.* Signature: Brent H. Scoville Name (type or print): Brent H. Scoville			Date: 02/02/2012 Title: Bus. Mgr		
Processed 02/02/2012		* Electronically provided signatures are accepted as original signatures.					