

No. W 18190

Due no later than February 28, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**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

CYNTHIA CLINKINGBEARD, M.D., PLLC
KRIS ORMSETH
101 S CAPITOL BLVD STE 1900
BOISE, ID 83702KRIS ORMSETH
101 S CAPITOL BLVD STE 1900
BOISE, ID 83702**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner	Cynthia Clinkingbeard MD	9402 Burnett Dr.	Boise	ID	83709


5. Organized Under the Laws of:

IDAHO
W 18190

6.

Signature

Name (Typed or Printed)


Cynthia Clinkingbeard

Date

12/22/09

Title

owner

Issued 12/01/2008

Do Not Tape or Staple

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