

No. C 73046

Due no later than June 30, 2005
Annual Report Form2. 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

MICHAEL K. PARENT, M.D., P.A.

MICHAEL K PARENT

~~307 ST. JOHN'S WAY~~ 1630 23rd Ave. Suite 701
LEWISTON, ID 83501

MICHAEL K PARENT

~~307 ST. JOHN'S WAY~~ 1630 23rd Ave
LEWISTON, ID 83501 Suite 701**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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>
PRESIDENT	MICHAEL K. PARENT, MD	1630 23rd Ave Suite 701	LEWISTON, ID	83501	
SECRETARY	PATRICIA L. SMITH	1630 23rd Ave Suite 701	LEWISTON, ID	83501	

5. Organized Under the Laws of:

IDAHO
C 73046

6.

Signature

Name

(Typed or
Printed)

MICHAEL K. PARENT, MD

Date 4-18-2005

Title PRESIDENT

Issued 04/01/2005

Do Not Tape or Staple

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