

No. C 192710	Due no later than Oct 31, 2012 Annual Report Form		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. THOMAS H. HAGA, M.D., CHTD. THOMAS H HAGA MD 3013 N MOUNTAIN RD BOISE ID 83702		THOMAS H HAGA MD 3013 N MOUNTAIN RD BOISE ID 83702			
			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
DIRECTOR	THOMAS H HAGA	3013 N MOUNTAIN RD	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 192710		6. Annual Report must be signed.* Signature: Thomas H Haga Name (type or print): Thomas H Haga		Date: 10/30/2012 Title: Director		
Processed 10/30/2012		* Electronically provided signatures are accepted as original signatures.				