No. C 192710		1	Due no later than Oct 31, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. THOMAS H. HAGA, M.D., CHTD. THOMAS H HAGA MD 3013 N MOUNTAIN RD		3013 N MO BOISE ID	THOMAS H HAGA MD 3013 N MOUNTAIN RD BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY 1	DUE DATE		of President, Secretary, and Directors. Tre		ered Agent 3	ignature.		
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:		6. Annual Report must be signed.*						
ID		Signature:	Thomas H Haga		Date: 10/30/2012			
C 192710		Name (type	or print): Thomas H Haga		Title: Director			
Processed 10/30/2012		* Electronically	provided signatures are accepted as orig	inal signatures.				