| No. C 138096 | | Due no later than Mar 31, 2010 | | 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. RICHARD E. LALLY, M.D., P.C. DR RICHARD E LALLY 11020W AMITY RD BOISE ID 83709 | | 11020 W A BOISE ID | DR RICHARD E LALLY 11020 W AMITY RD BOISE ID 83709 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | USA | wasidant Casastany and Divastora Tuas | ourse (antional) | (ontional) | | | |
| Office Held Name | | ess Addresses of P | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | DENT RICHARD EMERY LALLY | | 11020 W AMITY RD 11020 W AMITY RD | BOISE BOISE | ID ID | USA USA | 83709 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 138096 | | Signature: Richard E Lally Name (type or print): Richard E Lally | | | Date: 03/04/2010 Title: President | | | |
| Processed 03/04/2010 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |