No. **C 194874**	**Due no later than May 31, 2013** **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.** ALPHA MEDICAL, P.C. KATHARINE ROMAN PO BOX 831 MARSING ID 83639	KATHARINE ROMAN 5985 W STATE ST BOISE ID 83703 3. New 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	KATHARINE ROMAN	5985 W STATE ST	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 194874**	Signature: Katharine Roman	Date: 06/13/2013
	Name (type or print): Katharine Roman	Title: Director

Processed 06/13/2013

* Electronically provided signatures are accepted as original signatures.