No. **C 129131**	**Due no later than Jun 30, 2010** **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.** PETER E. JENSEN, M.D., P.A. PETER E. JENSEN 2949 E WILDERNEST LN BOISE ID 83706-6937 USA	PETER E JENSEN MD 2949 E WILDERNEST LN BOISE ID 83706-6937 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	VICTORIA JENSEN	2949 E WILDERNEST LN	BOISE	ID	USA	83706-6937
PRESIDENT	PETER E. JENSEN	2949 E WILDERNEST LN	BOISE	ID	USA	83686-6937

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 129131**	Signature: Victoria Jensen	Date: 09/01/2010
	Name (type or print): Victoria Jensen	Title: Director

Processed 09/01/2010

* Electronically provided signatures are accepted as original signatures.