| No. C 135607 | | Due no later than Sep 30, 2011 | | 2. Registered Ag | 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. JAMES C.THOMASON, D. M. D., P.A. NICHOLE K THOMASON 859 S YELLOWSTONE HWY STE 2901 REXBURG ID 83440 USA ness Addresses of President, Secretary, and Directors. Treasurer (| | NICHOLE THO 7824 N RIVER IDAHO FALLS | NICHOLE THOMASON 7824 N RIVERFRONT DRIVE IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | | | | | | |
| Office Held Name | | cos riddi cosco di 11 | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY NICHOLE K THOMASON PRESIDENT JAMES C THOMASON | | 7824 N RIVERFRONT DRIVE 7824 N RIVERFRONT DRIVE | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83401 83401 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Nich | | Date: 10/11/2011 | | | | |
| C 135607 | | Name (type or p | | Title: Secretary | | | | |
| Processed 10/11/2011 | | * Electronically pro | vided signatures are accepted as original | signatures. | | | | |