

No. <b>C 141918</b>		<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ROBERT M. WARD, M.D., P.A. ROBERT M WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301		ROBERT M WARD MD 1070 LAURELWOOD CT TWIN FALLS ID 83301			
						3. <u>New</u> 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	
PRESIDENT	ROBERT M WARD	1070 LAURELWOOD COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 141918</b>		6. Annual Report must be signed.* Signature: Robert M Ward Name (type or print): Robert M Ward Date: 10/16/2012 Title: President					
Processed 10/16/2012      * Electronically provided signatures are accepted as original signatures.							