No. **C 140056**	**Due no later than Jul 31, 2011** **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.** LUCIE DIMAGGIO, M.D.P.C. LUCIE DIMAGGIO 1196 HANKINS RD NORTH TWIN FALLS ID 83301	LUCIE DIMAGGIO MD 1196 HANKINS RD TWIN FALLS ID 83301 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
PRESIDENT	LUCIE DIMAGGIO	1196 N. HANKINS RD.	TWIN FALLS	ID	USA	83301-8185

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 140056**	Signature: L. DiMaggio	Date: 07/10/2011
	Name (type or print): L. DiMaggio	Title: President

Processed 07/10/2011

* Electronically provided signatures are accepted as original signatures.