No. **C 46180**	**Due no later than Sep 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.** PAYETTE LAKES MEDICAL CLINIC, P.A. MELINDA WHITTEMORE P. O. BOX 1047 MCCALL ID 83638-1047 USA	DANIEL OSTERMILLER MD 211 WEST FOREST STREET MCCALL ID 83638 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
SECRETARY	JIM DARDIS	PO BOX 1047	MCCALL	ID	USA	83638-1047
PRESIDENT	TERRACE R MUCHA	P.O. BOX 1047	MCCALL	ID	USA	83638-1047

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 46180**	Signature: Melinda Whittemore	Date: 10/08/2010
	Name (type or print): Melinda Whittemore	Title: Site Manager

Processed 10/08/2010

* Electronically provided signatures are accepted as original signatures.