No. <b>C 103094</b> Return to:		Due no later than Aug 31, 2012 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)  AARON RANISATE			
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.  PALOUSE-CLEARWATER NEUROLOGY, P.A. BARBARA D MORGAN 619 S WASHINGTON #201 MOSCOW ID 83843 USA			PRESNELL GAGE PLLC 609 S WASHINGTON ST STE 202			
				MOSCOW II	MOSCOW ID 83843  3. New Registered Agent Signature:*			
				5. <u>s</u> eg.ese. ee 2gee <b>01gi atal el</b>				
4. Corporations: Enter N	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BARBARA D	MORGAN	1051 IDLERS REST ROAD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lir		Date: 06/14/2012				
C 103094		Name (type o		Title: Accountant				
Processed 06/14/2012		* Electronically p	provided signatures are accepted as original	signatures.				