

No. C 156530		Due no later than Sep 30, 2010		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. MOUNTAIN VIEW FAMILY MEDICINE AND ALLERGY CLINIC, PA ERIN C BONINE 1309 PONDEROSA DR STE 103 SANDPOINT ID 83864		TIMOTHY BONINE 2013 JANELLE WAY SANDPOINT ID 83864			
				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	TIMOTHY R BONINE	2013 JANELLE WAY	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 156530		6. Annual Report must be signed.* Signature: Erin Bonine Name (type or print): Erin Bonine Date: 07/12/2010 Title: Practice Manager					
Processed 07/12/2010		* Electronically provided signatures are accepted as original signatures.					