

No. C 85397

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN SERVICES, P.A.
MARILEE J KURACINA
PO BOX 1004
NAMPA, ID 83653

MARILEE KURACINA
6985 E GREEN DR
NAMPA, ID 83687

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Marilee J Kuracina	6985 E GREENS DR	Nampa	ID	83687

5. Organized Under the Laws of:

IDAHO
C 85397

6.

Signature

Marilee J Kuracina

Date

10-10-08

Name

(Typed or Printed)

Marilee J Kuracina

Title

pres.