

No. C 161319	Due no later than Jul 31, 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. KIMBERLY A. VORSE, M.D., P.C. KIMBERLY A VORSE PO BOX 5000 KETCHUM ID 83340 USA		KIMBERLY A VORSE MD 380 WASHINGTON AVE STE 201 KETCHUM ID 83340			
			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	KIMBERLY A VORSE	PO BOX 5000	KETCHUM	ID	USA	83340-5000
5. Organized Under the Laws of: ID C 161319	6. Annual Report must be signed.* Signature: Kim Vorse Name (type or print): Kim Vorse		Date: 05/20/2010 Title: President			
Processed 05/20/2010		* Electronically provided signatures are accepted as original signatures.				