No. <b>C 124654</b>		Due no later than Jun 30, 2012		2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 000 0000 NOO	MITCH WILLIAMS 1042 W PARKHILL DR BOISE ID 83702			
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.						
		BRENDA M. WILLIAMS, M.D., P.A. MITCH WILLIAMS 1042 W PARKHILL DR BOISE ID 83702						
				3. <u>New</u> Re	3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ness Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	FOR MITCH WILLIAMS		1042 W PARKHILL DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 124654		Signature: Mitch Williams			Date: 04/28/2012			
		Name (type or print): Mitch Williams			Title: Director			
Processed 04/28/201	2	* Electronically	provided signatures are accepted as origin	nal signatures.				