No. C 141067		Due no later than Oct 31, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MICHAEL D. KENNER, M.D. PC KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702						
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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
DIRECTOR	MICHAEL D	KENNER	1721 SOUTH 10TH AVENUE		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 141067		Signature: Michael D. Kenner			Date: 11/15/2012			
		Name (type or print): Michael D. Kenner			Title: Owner			
Processed 11/15/2012 * Electronically provided signatures are accepted as original signatures.								