

No. <b>C 175904</b>		<b>Due no later than Nov 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SYRINGA FAMILY MEDICINE, P.A. CATHERINE REYNOLDS MD 5042 UMATILLA AVE BOISE ID 83709		CATHERINE REYNOLDS MD 5042 UMATILLA AVE BOISE ID 83709			
						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	
DIRECTOR	BRIAN A REYNOLDS	5042 UMATILLA AVE	BOISE	ID	USA	83709	
PRESIDENT	CATHERINE J REYNOLDS	5042 UMATILLA	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID</b> <b>C 175904</b>		6. Annual Report must be signed.*  Signature: Catherine Reynolds Name (type or print): Catherine Reynolds					
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.  Date: 10/12/2010 Title: President					