

No. C 175904		Due no later than Nov 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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: ID C 175904		6. Annual Report must be signed.* Signature: Catherine Reynolds Name (type or print): Catherine Reynolds Date: 10/12/2010 Title: President					
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.					