

No. C 122859

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

G. ADRIAN DEAN, M.D., P.A.
G ADRIAN DEAN
390 FALLS AVE
TWIN FALLS, ID 83301

G ADRIAN DEAN MD
390 FALLS AVE
TWIN FALLS, ID 83301
ON, 0000 0000 00
SA 1113 000

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature
G. ADRIAN DEAN

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
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Pres.	G. Adrian Dean, M.D., P.A.	390 Falls, T. F. Id.	83301		
Vice Pres.	Judie Dean				

5. Organized Under the Laws of:

IDAHO
C 122859

6.

Signature

G. Adrian Dean

Date

12/12/07

Name

(Typed or
Printed)

G. Adrian Dean

Title

M.D.

Issued 12/03/2007

Do Not Tape or Staple

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