

No. C 133269

DUE NO LATER THAN MAR 31, 2009
Annual Report Form2. 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

MARK K. MCKAIN, M.D., P.A.
MARK K MCKAIN
253 MARTIN
TWIN FALLS, ID 83301MARK K MCKAIN
235 MARTIN
TWIN FALLS, ID 83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Mark K. McKain	253 Martin Street	Twin Falls	Idaho	83301
Vice President	Mark K. McKain	253 Martin Street	Twin Falls	Idaho	83301
Secretary	Mark K. McKain	253 Martin Street	Twin Falls	Idaho	83301

5. Organized Under the Laws of:

IDAHO
C 133269

6.

Signature

Date

1/14/09

Name (Typed or Printed)

Mark K. McKain, M.D., P.A. President