No. C 103094		Due no later than Aug 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		particular to be proceed an approximation	TAMARA GORDAN-NEELEY 619 S WASHINGTON #201 MOSCOW ID 83843 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PALOUSE-CLEARWATER NEUROLOGY, P.A. BARBARA D MORGAN 619 S WASHINGTON #201 MOSCOW ID 83843 USA		MOSCOW II				
				3. <u>New</u> Registe				
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BARBARA D	MARTYN	1051 IDLERS REST ROAD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ta		Date: 09/15/2010				
C 103094		Name (type o		Title: Accountant				
Processed 09/15/2010 * Electronically provided signatures are accepted as original signatures.								