

No. C 68656		Due no later than Dec 31, 2012 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. THOMAS L. LAWRENCE, M.D., P.A. THOMAS L. LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864 USA		THOMAS L. LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864			
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	
PRESIDENT	THOMAS L. LAWRENCE	570 TURTLE ROCK ROAD	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 68656		6. Annual Report must be signed.* Signature: Thomas L Lawrence Name (type or print): Thomas L Lawrence					
		Date: 10/16/2012 Title: President					
Processed 10/16/2012 * Electronically provided signatures are accepted as original signatures.							