No. C 69375	Due no later than March 31, 20 Annual Report Form	2.1	2. Registered Agent and Office NO PO BOX	
DECITE ATT OF GRAIL	lailing Address - Correct in this box, if applicable 🖘		DANIEL M. HENRIE 1121 E 21ST	
PO BOX 83720 DA BOISE, ID 83720-0080 113	NIEL M. HENRIE, M.D., P.A. WIEL M HENRIE 21 E 21ST	B	JRLEY, ID 83318	
NO FILING FEE IF RECEIVED BY DUE DATE	LEY, ID 83318		3. New Registered Agent Signature	
	nd Business Addresses of Presiden	t, Secretary an	d Directors.	,
Office held Name	Street or P.O. Address M.D. 1121 Eu 215†	<u>City</u> Burley	State ID	<u>z</u> ı₀ 83318
becretary Kathleen Henrie	1121 En 21st	Burley		83318
		• • • • • •		
i. Organized Under the Laws of: IDAHO	6. Signature Kothleen Henr	u	Date Jan	uary 22 2008
C 69375	Name (Typed or Kathleen Henr	i. Te	Title Secretary	
Issued 01/02/2008	Do Not Tape or Staple		20080	3000690