

No. **C 84750**

**Due no later than September 30, 2005**  
**Annual Report Form**

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 applicable**

AVERY L. SEIFERT, M.D., P.A.  
AVERY L. SEIFERT, M.D.  
222 NORTH 2ND, SUITE 115  
BOISE, ID 83702

**2. Registered Agent and Office **NO PO BOX****

AVERY L. SEIFERT, M.D.  
222 NORTH 2ND, SUITE 115  
BOISE, ID 83702

**3. New Registered Agent Signature**

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

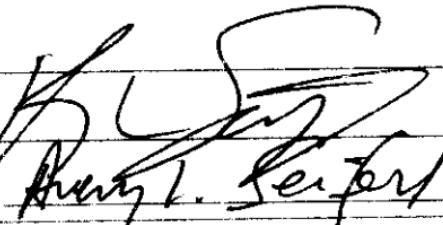
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Avery L. Seifert	117 W. Skylatch Dr	Boise	Id	83702
Sec/Treas.	Susan B. Seifert	117 W. Skylatch Dr	Boise	Id	83702

5. Organized Under the Laws of:

IDAHO  
C 84750

6.  
Signature

Name (Type or  
Printed)

  
Avery L. Seifert

Date **7/14/05**

Title **President**