

No. C 122119		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. DONALD PAUL WORKMAN, M.D., P.A. TRICIA WORKMAN 3100 HEATHERWOOD TWIN FALLS ID 83301 USA		DONALD PAUL WORKMAN 3100 HEATHERWOOD TWIN FALLS ID 83301			
						3. <u>New</u> Registered Agent Signature:*	
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	DONALD WORKMAN	3100 HEATHERWOOD	TWIN FALLS	ID	USA	83301	
SECRETARY	PATRICIA A WORKMAN	3100 HEATHERWOOD RD	TWIN FALLS,	ID	USA	83301	
5. Organized Under the Laws of: ID C 122119		6. Annual Report must be signed.* Signature: Tricia Workman Name (type or print): Tricia Workman					
		Date: 10/29/2012 Title: Secretary					
Processed 10/29/2012		* Electronically provided signatures are accepted as original signatures.					