No. C 116394		Due no later than Sep 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. SCOTT FRENCH, M.D., P.A. SCOTT FRENCH 304 COPPER BAY RD NORDMAN ID 83848			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					SCOTT FRENCH 304 COPPER BAY RD NORDMAN ID 83848 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		iness Addresses	of President, Secretary, and Directors.	Treasurer /	(ontional)			
Office Held	Name	mess Addresses	Street or PO Address	rreasurer	City	State	Country	Postal Code
DIRECTOR	SUSAN FR	ENCH	304 COPPER BAY ROAD		NORDMAN	ID	USA	83848
5. Organized Under the Laws of: ID C 116394		6. Annual Report must be signed.* Signature: Richard Scott French Name (type or print): Richard Scott French			Date: 10/12/2011 Title: President			
Processed 10/12/2011 * Electronically provided signatures are accepted as original signatures.								