No. C 131823	Due no later than Dec 31, 2010	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if nee	RANDALL J SLICKERS 550 POLK ST #B
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RANDALL J. SLICKERS, M.D., P.C. RANDALL J SLICKERS 1235 FILER AVE EAST	TWIN FALLS ID 83301 3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS ID 83301 USA	5. <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 RANDALL J SECRETARY JANE SLICK		TWIN FALLS ID USA 83301 TWIN FALLS ID USA 83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Jane Slickers	Date: 01/24/2011
C 131823	Name (type or print): Jane Slickers	Title: Secretary
Processed 01/24/2011 * Electronically provided signatures are accepted as original signatures.		