| No. **C 157242** | **Due no later than Nov 30, 2012**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>NURSE PRACTITIONERS OF PRESTON, INC.<br>ROXANNE FROERER<br>134 S STATE<br>PRESTON ID 83263<br>USA | ROXANNE H FROERER<br>134 S STATE<br>PRESTON ID 83263<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| SECRETARY | MURIEL GARVIS | PO BOX 108 | PRESTON | ID | USA | 83263 |
| PRESIDENT | ROXANNE FROERER | 1078 S. 600 W | PRESTON | ID | USA | 83263 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 157242** | Signature: Rfroerer | Date: 09/13/2012 |
| | Name (type or print): Rfroerer | Title: Pres |

Processed 09/13/2012

* Electronically provided signatures are accepted as original signatures.