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| No. C 56275 | | Due no later than Aug 31, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARLES P. LAWLESS, M.D., P.A. KRIS ELQUIST CHARLES P. LAWLESS, M.D. 1777 EAST CLARK STREET POCATELLO ID 83201 | | CHARLES P. LAWLESS M.D. 1777 EAST CLARK STREET POCATELLO ID 83201 | | | |
| | | | | 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 | CHARLES P LAWLESS | 1777 EAST CLARK STREET | POCATELLO | ID | USA | 83201-3357 | |
| 5. Organized Under the Laws of: ID C 56275 | | 6. Annual Report must be signed.* Signature: Kristine elquist Name (type or print): Kristine elquist Date: 06/16/2011 Title: Office Manager | | | | | |
| Processed 06/16/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |