

No. C 179246		Due no later than Jul 31, 2010 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		1. Mailing Address: Correct in this box if needed. MORGAN FAMILY MEDICINE, P.A. TRACY L MORGAN 3204 ANDERSON ST BOISE ID 83703 USA		TRACY MORGAN 3204 ANDERSON ST BOISE ID 83703			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TRACY L MORGAN	3204 ANDERSON ST	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 179246		6. Annual Report must be signed.* Signature: Tracy Morgan Name (type or print): Tracy Morgan					
		Date: 07/07/2010 Title: President					
Processed 07/07/2010 * Electronically provided signatures are accepted as original signatures.							