

No. C 69375	Due no later than Mar 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DANIEL M. HENRIE, M.D., P.A. DANIEL M HENRIE 1121 E 21ST BURLEY ID 83318		DANIEL M. HENRIE 1121 E 21ST BURLEY ID 83318			
			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
SECRETARY	KATHLEEN HENRIE	1121 E 21 ST	BURLEY	ID	USA	83318
5. Organized Under the Laws of: ID C 69375		6. Annual Report must be signed.* Signature: Daniel M. Henrie Name (type or print): Daniel M. Henrie		Date: 01/13/2009 Title: President		
Processed 01/13/2009		* Electronically provided signatures are accepted as original signatures.				