

No. C 132209	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT C LOFGRAN 36 PROFESSIONAL PLAZA STE 202 REXBURG, ID 83440																		
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 applicable ROBERT C. LOFGRAN, M.D., P.A. ROBERT C LOFGRAN 36 PROFESSIONAL PLAZA STE 202 REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert C. Lofgran</td> <td>1299 Morningside Dr.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Linda H. Lofgran</td> <td>1299 Morningside Dr.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Robert C. Lofgran	1299 Morningside Dr.	Rexburg	ID	83440	Secretary	Linda H. Lofgran	1299 Morningside Dr.	Rexburg	ID	83440
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5. Organized Under the Laws of: IDAHO C 132209		6. Signature <u>Robert C Lofgran</u> Date <u>11-9-05</u> Name (Typed or Printed) <u>Robert C. Lofgran</u> Title <u>President</u>																			