

|                                                                                                                                                        |                  |                                                                                                                                                        |             |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|------------------|--|
| No. <b>C 124296</b>                                                                                                                                    |                  | <b>Due no later than Jun 30, 2012</b>                                                                                                                  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TIM THURMAN, M.D., P.C.<br>ROBERT T THURMAN<br>933 S UTAH AVE<br>IDAHO FALLS ID 83402 |             | ROBERT T THURMAN<br>933 S UTAH AVE<br>IDAHO FALLS ID 83402 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                        |             | 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                                                                                                                                              | ROBERT T THURMAN | 933 S UTAH AVE                                                                                                                                         | IDAHO FALLS | ID                                                         | USA     | 83402            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                      |             |                                                            |         |                  |  |
| <b>ID<br/>C 124296</b>                                                                                                                                 |                  | Signature: Zabrina Thurman                                                                                                                             |             |                                                            |         | Date: 05/17/2012 |  |
|                                                                                                                                                        |                  | Name (type or print): Zabrina Thurman                                                                                                                  |             |                                                            |         | Title: Pa-C      |  |
| Processed 05/17/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |             |                                                            |         |                  |  |