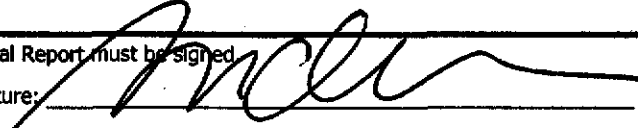


No. C 128481	Due no later than 4/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		BRUCE J ANDERSEN MD 1075 N CURTIS RD STE 200 BOISE ID 83706 3. <u>New</u> Registered Agent Signature:	
	BRUCE J. ANDERSEN, M.D., P.A. BRUCE J ANDERSEN MD 6140 W CURTISIAN STE 400 BOISE ID 83704			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
President	Bruce J. Andersen, MD	6140 W Curtisian Ste 400	Boise	ID 83704
Secretary	Sandra J. Andersen	1707 Warm Springs Avenue	Boise	ID 83712
5. Organized Under the Laws of:	6. Annual Report must be signed			
ID C 128481	Signature: 		Date: <u>3/4/09</u>	
		Name (type or print) <u>Bruce J. Andersen, MD, PhD</u>		Title: <u>President</u>