

No. C 50578

Due no later than December 31, 2008
Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ROCCO P. CIFRESE, M.D. & SARA ASHMA
ROCCO P CIFRESE, M.D.
1995 EAST 17TH STREET
IDAHO FALLS, ID 83404

2. Registered Agent and Office NO PO BOX

ROCCO P. CIFRESE
1995 EAST 17TH ST.
IDAHO FALLS, ID 83404

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Rocco P. CIFRESE	290 Sunny Hgts Ln	Idaho Falls	ID	83402
Sec	SARA A CIFRESE	290 Sunny Hgts Ln	Idaho Falls	ID	83402
Thrs					

5. Organized Under the Laws of:

IDAHO
C 50578

6.

Signature

Rocco P. Cifrese MD

Date

10/13/08

Name (Typed or Printed)

Rocco P. Cifrese

Title

MD PM

Issued 10/01/2008

Do Not Tape or Staple

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