No. C 50578	Due no later than December 31, 2008	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	ROCCO P. CIFRESE
450 NORTH FOURTH STREET	ROCCO P. CIFRESE, M.D. & SARA ASHMA	1995 EAST 17TH ST.
PO BOX 83720	ROCCO P CIFRESE, M.D.	IDAHO FALLS, ID 83404
BOISE, ID 83720-0080	1995 EAST 17TH STREET IDAHO FALLS, ID 83404	
NO FILING FEE IF	10/110 PALLS, ID 83404	3 New Positional Action
RECEIVED BY DUE DATE		3. New Registered Agent Signature
Corporations: Enter Nam	es and Business Addresses of President, Secreta	
Office held Name	Street or B.O. Address	ary and Directors.
	Street or P.O. Address City	State Zip
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Organized Under the Laws of:	6.	
IDAHO	Kan P C .sa.	- MO 1015/00
C 50578	Signature	MO Date 10/3/08
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logue d'action	Name Printed	Title Mo Hu
issued 10/01/2008	Do Not Tape or Staple	
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