

<b>No. C 132209</b>	<b>Due no later than January 31, 2009</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b> <b>ROBERT C LOFGRAN</b> <b>36 PROFESSIONAL PLAZA STE 202</b> <b>REXBURG, ID 83440</b>																		
<b>Return to:</b> <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> <b>ROBERT C. LOFGRAN, M.D., P.A.</b> <b>ROBERT C LOFGRAN</b> <b>36 PROFESSIONAL PLAZA STE 202</b> <b>REXBURG, ID 83440</b>		<b>3. New Registered Agent Signature</b>																		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>																					
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>																					
<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: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><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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<b>5. Organized Under the Laws of:</b> <b>IDAHO</b> <b>C 132209</b>		<b>6.</b> <b>Signature</b> <u>Robert C Lofgran</u> <b>Date</b> <u>11-12-07</u> <b>Name</b> <small>(Typed or Printed)</small> <u>Robert C Lofgran</u> <b>Title</b> <u>President</u>																			

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