

<b>No. C 65536</b>	<b>Due no later than December 31, 2008</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		J.M. LACKEY, M.D. 500 S 41TH STE 40 POCATELLO, ID 83204 83204  700 Canyon Dr
	J.M. LACKEY, M.D., P.A. J.M. LACKEY, M.D. 500 S 41TH STE 40 POCATELLO, ID 83204 83204  700 Canyon Dr		<b>3. New Registered Agent Signature</b>

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	JOHN LACKEY	700 CANYON DR	POCATELLO	IDAHO	83204
SECT	JANIE	"	"	"	"
DIR	JOHN LACKEY	"	"	"	"
DIR	JANIE LACKEY	"	"	"	"

5. Organized Under the Laws of:  
 IDAHO  
 C 65536

6. Signature [Signature] Date 12/5/08  
 Name (Typed or Printed) J M Lackey Title Pres