No. **C 129652**	**Due no later than Jul 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BRYAN J. ANDERSON, M.D., P.C. CONNIE J MERRELL 1072 N. LIBERTY ST. #201 BOISE ID 83704 USA	BRYAN J ANDERSON MD 1072 N. LIBERTY ST. #201 BOISE ID 83704 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRYAN J ANDERSON	1072 N. LIBERTY ST. #201	BOISE	ID	USA	83704
SECRETARY	KAREN M ANDERSON	1072 N. LIBERTY ST. #201	BOISE	ID	USA	83704
PRESIDENT	BRYAN J ANDERSON	1072 N. LIBERTY ST. #201	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 129652**	Signature: Connie Merrell	Date: 05/23/2012
	Name (type or print): Connie Merrell	Title: Office Manager

Processed 05/23/2012

* Electronically provided signatures are accepted as original signatures.