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| No. C 64184 | Due no later than 6/30/2009 Annual Report Form | 2. Registered Agent and Address (NO PO BOX) |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D. 307 SAINT JOHN'S WAY #17 LEWISTON ID 83501 | JAMES FISHER, M.D. 307 ST. JOHN'S WAY #17 LEWISTON ID 83501 3. New Registered Agent Signature: |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | |
| Office Held | Name | Street or PO Address |
| | | City |
| | | State |
| | | Zip |
| President James B. Fisher, M.D., P.A. 307 St. John's Way Ste 17 Lewiston Idaho 83501 | | |
| 5. Organized Under the Laws of: ID C 64184 | 6. Annual Report must be signed. Signature: <u>James B. Fisher, M.D., P.A.</u> Date: <u>4/15/09.</u> Name (type or print): <u>James B. Fisher, M.D., P.A.</u> Title: <u>President, Owner, Physician</u> | |