

No. C 129131		Due no later than Jun 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PETER E. JENSEN, M.D., P.A. PETER E. JENSEN 626 VIEW WAY NAMPA ID 83686 USA		PETER E JENSEN MD 626 VIEW WAY NAMPA ID 83686			
				3. <u>New</u> 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	VICTORIA JENSEN	626 VIEW WAY	NAMPA	ID	USA	83686	
PRESIDENT	PETER E. JENSEN	626 VIEW WAY	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 129131		6. Annual Report must be signed.* Signature: Victoria Jensen Name (type or print): Victoria Jensen Date: 04/12/2009 Title: Director					
Processed 04/12/2009		* Electronically provided signatures are accepted as original signatures.					