

No. C 81181		Due no later than Apr 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. BOISE VALLEY OB/GYN, P.A. PETER B. LIVERS LES BOIS OB/GYN 520 S EAGLE RD STE 1243 MERIDIAN ID 83642		PETER B. LIVERS, M.D. 520 S EAGLE RD STE 1243 MERIDIAN ID 83642	
				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
PRESIDENT	PETER B LIVERS, M.D.	520 S. EAGLE RD, SUITE 1243	MERIDIAN	ID	USA 83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID C 81181		Signature: Peter B. Livers, M.D. Name (type or print): Peter B. Livers, M.D.		Date: 02/23/2009 Title: President	
Processed 02/23/2009		* Electronically provided signatures are accepted as original signatures.			