

No. **C 142256**

**Due no later than January 31, 2006
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LARRY L. MARTENS, M.D., P.C.
LARRY L MARTENS
2650 LONGBOW DR
TWIN FALLS, ID 83301

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2650 LONGBOW DR
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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>
M.D. (cell)	Larry L Martens	2650 Longbow	Twin Falls, ID		83301

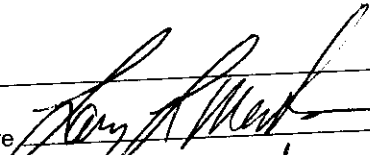
5. Organized Under the Laws of:

IDAHO
C 142256

6.

Signature

Name
(Typed or Printed)


Larry Martens

Date

11/8/05

Title

MD

Issued 11/01/2005

Do Not Tape or Staple

200601003666