

No. <b>C 67592</b>		<b>Due no later than Aug 31, 2011</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> RICHARD W. WORST, M.D., P.A. RICHARD W WORST 526-M SHOUP AVENUE, SUITE 1 TWIN FALLS ID 83301 USA		RICHARD W WORST 526-M SHOUP AVE W TWIN FALLS ID 83301					
				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			
TREASURER	REBECCA WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
SECRETARY	REBECCA WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
PRESIDENT	RICHARD W WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of:  <b>ID C 67592</b>		6. Annual Report must be signed.* Signature: Lisa Donnelley Name (type or print): Lisa Donnelley							
		Date: 06/15/2011 Title: Cpa							
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.							