

<b>No. C 59941</b>	<b>Due no later than December 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>		
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable</b>  CHARLES B. GREENE, M.D., A PROFESSI CHARLES B. GREENE, M.D. 547 RIDGE DRIVE NAMPA, ID 83686		CHARLES B. GREENE, M.D. 547 RIDGE DRIVE NAMPA, ID 83686		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			<b>3. New Registered Agent Signature</b>		
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Charles B. Greene M D	547 Ridge Dr	NAMPA	ID	83686
<b>5. Organized Under the Laws of:</b>  IDAHO C 59941		<b>6. Signature</b> <u>Charles B. Greene MD</u> <b>Date</b> <u>10/15/07</u> <b>Name</b> (Typed or Printed) <u>Charles B. Greene MD</u> <b>Title</b> <u>President</u>			

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