

No. C 167338	Due no later than Jun 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. JONATHAN S. KING, M.D., P.C. ANN POOLE 1107 IRONWOOD DR COEUR D ALENE ID 83814		JONATHAN S KING 1107 IRONWOOD DR COEUR D'ALENE ID 83814			
			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	JONATHAN S KING, M.D.	1107 IRONWOOD DRIVE	COEUR D ALENE	ID	USA	83814
DIRECTOR	JONATHAN S KING, M.D.	1107 IRONWOOD DRIVE	COEUR D ALENE	ID	USA	83814
SECRETARY	JONATHAN S KING, M.D.	1107 IRONWOOD DRIVE	COEUR D ALENE	ID	USA	83814
PRESIDENT	JONATHAN S KING, M.D.	1107 IRONWOOD DRIVE	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 167338	6. Annual Report must be signed.* Signature: Jonathan S. King, M.D. Name (type or print): Jonathan S. King, M.D.		Date: 04/19/2010 Title: President			
Processed 04/19/2010		* Electronically provided signatures are accepted as original signatures.				