No. C 156926	ı	Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 LORE 13859		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORENE H. LINDLEY, M.D., P.C. ORENE H LINDLEY 3859 N. REFLECTION RD. RATHDRUM ID 83858 3		LORENE H LINDLEY MD 13859 N. REFLECTION RD. RATHDRUM ID 83858 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and	Business Addresses o	of President, Secretary, and Directors. Treasu	rer (optional)				
Office Held Name	business / tual esses t	Street or PO Address	City	State	Country	Postal Code	
	IK A MILLS E H LINDLEY	13859 N. REFLECTION RD. 13859 N. REFLECTION RD.	RATHDRUM RATHDRUM	ID ID	USA USA	83858 82858	
5. Organized Under the Laws of: 6. Annua		ort must be signed.*					
ID	Signature: I	Signature: Lorene H. Lindley Date: 08/16/2011					
C 156926	Name (type	or print): Lorene H. Lindley		Title: President			
Processed 08/16/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					