

No. C 56275

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

CHARLES P. LAWLESS, M.D., P.A.
CHARLES P. LAWLESS, M.D.
1777 EAST CLARK STREET
POCATELLO, ID 83201CHARLES P. LAWLESS M.D.
1777 EAST CLARK STREET
POCATELLO, ID 83201NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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>
President	Charles P. Lawless	1777 E. Clark St.	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
C 56275

6.

Signature

Name (Typed or Printed) Charles P. Lawless M.D.

Date

Title President

Issued 06/02/2008

Do Not Tape or Staple

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