

No. C 59978	Due no later than December 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOHN W OBRAY M.D. 296 SOUTH 300 WEST STE A SODA SPRINGS, ID 83276 PRACTICE CEASED 06/01/07
	JOHN W. OBRAY, M.D., P.A. JOHN W OBRAY M.D. C/O MARY S. OBRAY PO BOX 638 SODA SPRINGS, ID 83276		3. <u>New</u> 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	JOHN W. OBRAY	P O BOX 846	SODA SPRINGS	IDAHO	83276
VICE PRES	MARY S. OBRAY	P O BOX 638	SODA SPRINGS	IDAHO	83276
SECRETARY	MARY S. OBRAY	P O BOX 638	SODA SPRINGS	IDAHO	83276
TREASURER	JOHN W. OBRAY	P O BOX 846	SODA SPRINGS	IDAHO	83276

5. Organized Under the Laws of:

IDAHO
C 59978

6.

Signature

John W. O. Bray M.D.

Date

12/31/2008