

No. C 155756	Due no later than July 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	3. Mailing address (Correct in this box if applicable) EAGLE ROCK REGIONAL NEUROLOGY, P.C. 1995 E 17TH ST STE 5 IDAHO FALLS, ID 83404		WILLIAM DOMARAD 1995 E 17TH ST STE 5 IDAHO FALLS, ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE			3. 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	William Domarad, D.O.	Eagle Rock Regional Neurology, P.C. William Domarad, D.O. 1995 E. 17th St., Ste. 5 Idaho Falls, ID 83404			
Treasurer	Mariann Domarad	Eagle Rock Regional Neurology, P.C. William Domarad, D.O. 1995 E. 17th St., Ste. 5 Idaho Falls, ID 83404			

5. Organized Under the Laws of: IDAHO C 155756	6. Signature <u>William Domarad</u> Date <u>5-9-08</u> Name (Typed or Printed) <u>William Domarad</u> Title <u>President</u>
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Do Not Tape or Staple

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