

No. C 177150		Due no later than Feb 28, 2009 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. JAMES E. LOVELESS, M.D., P.C. PAULETTE M CARLSON 600 N ROBBINS RD STE 401 BOISE ID 83702 USA		JAMES E LOVELESS MD 600 N ROBBINS RD STE 401 BOISE ID 83702			
						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	
PRESIDENT	JAMES E LOVELESS	600 N ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 177150		6. Annual Report must be signed.* Signature: Paulette M. Carlson Name (type or print): Paulette M. Carlson Date: 03/05/2009 Title: Administrataive Assistant					
Processed 03/05/2009 * Electronically provided signatures are accepted as original signatures.							