No. C 50578		Due no later than Dec 31, 2011		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ROCCO P. CIFRESE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		1. Mailing Address: Correct in this box if needed. ROCCO P. CIFRESE, M.D. & SARA ASHMAN CIFRESE, M.D. P.A. ROCCO P CIFRESE, M.D. 1995 EAST 17TH STREET IDAHO FALLS ID 83404 ess Addresses of President, Secretary, and Directors. Treasurer		1.D.	1995 EAST 17TH ST. IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
				surer (o				
Office Held	Name	1000 / 1001 00000 01	Street or PO Address	•	City	State	Country	Postal Code
PRESIDENT	ROCCO P C	IFRESE	1995 E 17TH ST		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 50578		Signature: Rocco P Cifrese			Date: 01/16/2012			
		Name (type or print): Rocco P Cifrese			Title: Owner			
Processed 01/16/2012	2	* Electronically	provided signatures are accepted as origina	al signat	ures.			_