

No. C 117765		Due no later than Jan 31, 2012 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. WILLIAM WILSON, M.D., P.C. WILLIAM WILSON 3340 MERLIN DR #200 IDAHO FALLS ID 83404 USA		WILLIAM WILSON 3340 MERLIN DR #200 IDAHO FALLS ID 83404			
						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	
DIRECTOR	CARYL R. WILSON	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
DIRECTOR	WILLIAM P.D. WILSON, III	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
SECRETARY	CARYL R. WILSON	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
PRESIDENT	WILLIAM P.D. WILSON, III	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 117765		6. Annual Report must be signed.* Signature: Richard K Hale Name (type or print): Richard K Hale					
		Date: 11/17/2011 Title: C P A					
Processed 11/17/2011 * Electronically provided signatures are accepted as original signatures.							