

No. C 106064		Due no later than Apr 30, 2010		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. O'NEILL CLINIC, P.A. (THE) T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE ID 83814		T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE ID 83814			
				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	T DANIEL O'NEILL	1617 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 106064		Signature: T. Daniel O'Neill				Date: 02/11/2010	
		Name (type or print): T. Daniel O'Neill				Title: Director	
Processed 02/11/2010		* Electronically provided signatures are accepted as original signatures.					