No. C 140467

Due no later than August 31, 2005

Annual Report Form

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 applicable

MARIANNE ZAKARIAN, M.D., P.C.
900 N LIBERTY ST STE 204
BOISE, ID 83704

2. Registered Agent and Office **NO PO BOX**

MARIANNE ZAKARIAN
900 N LIBERTY ST STE 204
BOISE, ID 83704

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	MARIANNE ZAKARIAN	900 N. LIBERTY ST, SUITE 204	BOISE	ID	83704

5. Organized Under the Laws of:
IDAHO
C 140467

6.
Signature _____ Date 6/7/05
Name (Typed or Printed) MARIANNE ZAKARIAN Title MD

Issued 06/01/2005

Do Not Tape or Staple

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