No. **C 119052**	**Due no later than Apr 30, 2010** **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.** EAGLE'S VIEW FAMILY MEDICINE, P.C. WILLIAM BRUS 6023 N EAGLE RD BOISE ID 83713 USA	WILLIAM BRUS 6023 N EAGLE RD BOISE ID 83713 3. New 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	NANCY A BRUS	6023 N EAGLE RD	BOISE	ID	USA	83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 119052**	Signature: William Brus	Date: 02/12/2010
	Name (type or print): William Brus	Title: Secretary

Processed 02/12/2010

* Electronically provided signatures are accepted as original signatures.

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