

No. C 142104

Due no later than January 31, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

STANLEY MOGELSON, M.D., P.A.
3527 TWIN FALLS GRADE
KIMBERLY, ID 83341STANLEY MOGELSON
3527 TWIN FALLS GRADE
KIMBERLY, ID 83341NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

Pres & Director
Stanley Mogelson *3527 Twin Falls Grade* *Kimberly* *ID* *83341*
Sec'y *Blanca Franco* *660 Shoshone St E.* *Twin Falls* *ID* *83301*

5. Organized Under the Laws of:

IDAHO
C 142104

6.

Signature

Date

Name

(Typed or Printed)

Title