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|--|----------------|---|------------|--|---------|-------------|--|
| No. C 62785 | | Due no later than Dec 31, 2009 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WELCH & ALLAN MD, P.A. ROBERT C WELCH 526-H SHOUP AVE. W TWIN FALLS ID 83301 | | ROBERT C WELCH 526-H SHOUP AVENUE WEST TWIN FALLS ID 83301 | | | |
| | | | | 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 | |
| PRESIDENT | ROBERT C WELCH | 526-H SHOUP AVE W | TWIN FALLS | ID | USA | 83301 | |
| SECRETARY | SCOTT E ALLAN | 526-H SHOUP AVE W | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 62785 | | 6. Annual Report must be signed.* Signature: Scott Allan md Name (type or print): Scott Allan md Date: 01/14/2010 Title: Secretary | | | | | |
| Processed 01/14/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |