No. C 150435		Due no later than Aug 31, 2008		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CLAY I CAMPBELL MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLAY I. CAMPBELL, M.D., P.C. CLAY I CAMPBELL 166 S 5TH ST MONTPELIER ID 83254-1557			166 S 5TH ST MONTPELIER ID 83254 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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 CLAY I CAMPBE		1PBELL	166 SO 5TH ST		MONTPELIER	ID	USA	83254-1557
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Clay I Campbell			Date: 09/11/2008			
C 150435		Name (type or print): Clay I Campbell			Title: Owner			
Processed 09/11/2008 * Electronically provided signatures are accepted as original signatures.								