

No. C 59978

Due no later than December 31, 2007
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

JOHN W. OBRAY, M.D., P.A.
JOHN W OBRAY M.D.
~~296 SOUTH 300 WEST STE A~~ P O BOX 638
SODA SPRINGS, ID 83276JOHN W OBRAY M.D.
296 SOUTH 300 WEST STE A
SODA SPRINGS, ID 83276

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	JOHN W. OBRAY, M.D.	P. O. BOX 638	SODA SPRINGS	IDAHO	83276
VICE PRES	MARY S. OBRAY	P. O. BOX 638	SODA SPRINGS	IDAHO	83276
SECRETARY	MARY S. OBRAY	P. O. BOX 638	SODA SPRINGS	IDAHO	83276
TREASURER	JOHN W. OBRAY, M.D.	P. O. BOX 638	SODA SPRINGS	IDAHO	83276

5. Organized Under the Laws of:

IDAHO
C 59978

6.

Signature X

Date 10/26/2007

Name (Typed or Printed)

JOHN W. OBRAY, M.D.

Title PRESIDENT

Issued 10/01/2007

Do Not Tape or Staple

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