| No. C 115174 | | Due no later than May 31, 2011 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-------------------------|--|-------------------|-------------------------|--|
| Return to: | | Annual Report Form | | ROBERT SCANLON 1226 RIVER ST BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | HUMPHREYS ROBERT SO 1226 RIVER | 1. Mailing Address: Correct in this box if needed. HUMPHREYS DIABETES CENTER, INC. ROBERT SCANLON 1226 RIVER ST BOISE ID 83702 USA | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 77 - 1770 - 17 | | | | | | |
| 4. Corporations: Enter Names and E | Business Addresses | of President, Secretary, and Directors. Treasu | ırer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR MORGAN MASNER DIRECTOR JAMES D. HART PRESIDENT CHRIS NELSON | | 4325 W. GRAY TEAL CT. 1647 S. ASPEN RIVER WAY 2029 FELDSPAR | EAGLE EAGLE BOISE | ID ID ID | USA USA USA | 83616 83616 83712 | |
| 5. Organized Under the Laws of: 6. Annual Rep | | oort must be signed.* | | | | | |
| ID | ID Signature: Robert \ | | D | Date: 03/15/2011 | | | |
| C 115174 Name (typ | | or print): Robert W. Scanlon Title: Executive Director | | | | | |
| Processed 03/15/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | |