

No. <b>C 120742</b>		<b>Due no later than Sep 30, 2005</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CRAIG D. SCOVILLE, M.D., P.C. NICOLE JACOBSEN 763 S WOODRUFF AVE IDAHO FALLS ID 83401 0000 USA		CRAIG D SCOVILLE MD 763 S WOODRUFF AVE IDAHO FALLS ID 83401 0000			
				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	
SECRETARY	ROXANNE E. SCOVILLE	2260 BELLERIVE DR.	IDAHO FALLS	ID	USA	83404	
PRESIDENT	CRAIG D. SCOVILLE	2260 BELLERIVE DR.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>IDAHO C 120742</b>		6. Annual Report must be signed.* Signature: Nicole Jacobsen Name (type or print): Nicole Jacobsen Date: 07/21/2005 Title: Office Manager					
Processed 07/21/2005		* Electronically provided signatures are accepted as original signatures.					