

No. C 121026	Due no later than Sep 30, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BRUCE C. MCCOMAS, M.D., P.A. BRUCE C MCCOMAS, MD 630 ADDISON AVE W STE 240 TWIN FALLS ID 83301		BRUCE C MCCOMAS, M.D. 630 ADDISON AVE W STE 240 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	
SECRETARY	STACI MCCOMAS	630 ADDISON AVE WEST SUITE 240	TWIN FALLS	ID	USA	83301	
PRESIDENT	BRUCE MCCOMAS	630 ADDISO CN AVE WEST SUITE 240	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 121026		6. Annual Report must be signed.* Signature: Staci McComas Name (type or print): Staci McComas Date: 07/21/2009 Title: Secretary					
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.					