

No. C 64184

Due no later than June 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JAMES B. FISHER, M.D., P.A.
JAMES FISHER, M.D.
307 SAINT JOHN'S WAY #17
LEWISTON, ID 83501

JAMES FISHER, M.D.
307 ST. JOHN'S WAY #17
LEWISTON, ID 83501

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

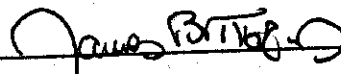
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	James B. Fisher, M.D., P.A.	307 St. John's Way STE 17	Lewiston	Idaho	83501

5. Organized Under the Laws of:
IDAHO
C 64184

6.

Signature



Date

4/10/07

Name (Typed or Printed)

James B. Fisher, M.D.

President/Owner
Physician