

No. C 46449		Due no later than Nov 30, 2005		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KRUZICH PROFESSIONAL ASSOCIATION THOMAS R KRUZICH, M.D. 401 W HIGHLANDVIEW DR BOISE ID 83702 0000		THOMAS KRUZICH 401 W HIGHLANDVIEW DR BOISE ID 83702 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	
PRESIDENT	THOMAS R KRUZICH	401 W HIGHLAND VIEW DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 46449		Signature: thomas r kruzich md				Date: 12/09/2005	
		Name (type or print): thomas r kruzich md				Title: president	
Processed 12/09/2005		* Electronically provided signatures are accepted as original signatures.					