

No. C 146079

Due no later than November 30, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

DR. TIMOTHY E. SAWYER, M.D. CHTD.
3120 E RIVERNEST DR
BOISE, ID 83706

DR TIMOTHY E SAWYER MD
3120 E RIVERNEST DR
BOISE, ID 83706

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.

Office heldNameStreet or P.O. AddressCityStateZip

President Timothy E. Sawyer, M.D.
P.O. Box 5145
Boise

Boise ID 83705-
5145

5. Organized Under the Laws of:

IDAHO
C 146079

6.

Signature



Date

9/25/07

Name (Typed or Printed)

Timothy E Sawyer, MD

Title

President

Issued 09/04/2007

Do Not Tape or Staple

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