

No. <b>C 109270</b>		<b>Due no later than Feb 29, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>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>1. Mailing Address: Correct in this box if needed.</b>  TWO RIVERS MEDICAL CLINIC, P.A. DELAND R BARR 683 EAST THIRD WEISER ID 83672		DELAND R BARR 683 EAST THIRD WEISER ID 83672				
						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	DELAND R BARR	683 EAST THIRD	WEISER	ID	USA	83672		
SECRETARY	ANTHONY L EDMONDSON	683 EAST THIRD	WEISER	ID	USA	83672		
TREASURER	LORE B WOOTTON	683 EAST THIRD	WEISER	ID	USA	83672		
5. Organized Under the Laws of:  <b>ID</b> <b>C 109270</b>		6. Annual Report must be signed.*  Signature: Anthony L. Edmondson Name (type or print): Anthony L. Edmondson						Date: 12/12/2011  Title: Corp. Sec.
Processed 12/12/2011		* Electronically provided signatures are accepted as original signatures.						