

No. C 81181 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable BOISE VALLEY OB/GYN, P.A. LES BOIS OB/GYN 520 S EAGLE RD STE 1243 MERIDIAN, ID 83642	2. Registered Agent and Office NO PO BOX PETER B. LIVERS, M.D. 520 S EAGLE RD STE 1243 MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature
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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 Secretary Director	} } }	Peter B. Livers, MD 520 S. Eagle Rd. Suite 1243	Meridian	ID	83642	

5. Organized Under the Laws of: IDAHO C 81181	6. Signature <u>Peter B. Livers, MD</u> Date <u>2/15/08</u> Name (Typed or Printed) <u>Peter B. Livers, MD</u> Title <u>President</u>
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