No. c 60301		Annual Report Form Due No Later Than November 30,	1 2 1 2	Agent and Office N		
Return to: SECRETARY OF STATE	1. Mailing A	1. Mailing Address - Please Correct, If Not Correct		PETER M. CANNON 2001s. Woodruff, Ste. 4		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	PETER	PETER M. CANNON, M.D., P.A. PETER M. CANNON 2001 S. WOODRUFF, STE. 4		IDAHO FALLS ID 83404 3. Organized Under the Laws of:		
* FIRST NOTIC	E * IDAHO	FALLS ID 8340	4 ID	<u> </u>	60901	
1		dresses of President, Secretary and D d Addresses of I Managers or I	irectors I Members (check one)			
Office held	<u>Name</u>	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>	
President Secretary	Peter M. Canno Arlene P. Cann			Falls ID Falls ID	83404 83404	
5. Signature of New Re	gistered Agent	Signature Name (Typed or Printed) Peter M. Car		o _{ate} 14 July itle President		
TECHEN. 07	-07-1000			9474		