

No. C 180924		Due no later than Nov 30, 2010		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. DAVID E. NILSSON, PH.D., P.C. DAVID E. NILSSON, PH.D. 2537 W STATE ST #210 BOISE ID 83702 USA		CYNTHIA NILSSON 2537 W STATE ST #210 BOISE ID 83702	
				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	DAVID E NILSSON	4001 S 700 E #500	SALT LAKE CITY	UT	USA 84107
5. Organized Under the Laws of: UT C 180924		6. Annual Report must be signed.* Signature: Cynthia Nilson Name (type or print): Cynthia Nilson Date: 09/08/2010 Title: Clinic Director			
Processed 09/08/2010		* Electronically provided signatures are accepted as original signatures.			