No. <b>C 65631</b>		D	ue no later than Jan 31, 2013	2. Registered Ag	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  R. K. ARBON, M.D., P.A.  RK ARBON MD  2860 CHANNING WAY STE 116  IDAHO FALLS ID 83404  R.K. ARBON, M.D.  2860 CHANNING WAY, SUITE 116  IDAHO FALLS ID 83404  3. New Registered Agent Signature:*						
4. Corporations: Enter		ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY DIRECTOR	RONALD K ARBON MARY E ARBON RONALD K ARBON		1860 MALIBU 1860 MALIBU 1860 MALIBU	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83404 83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 65631		Signature: Ronald K Arbon M.D.  Name (type or print): Ronald K Arbon M.D.			Date: 11/14/2012 Title: President			
Processed 11/14/2012 * Electronically provided signatures are accepted as original signatures.								