


No. C 150435	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable CLAY I. CAMPBELL, M.D., P.C. 166 S 5TH ST MONTPELIER, ID 83254		CLAY I CAMPBELL MD 166 S 5TH ST MONTPELIER, ID 83254 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Clay Campbell</td> <td>166 S. 5th St,</td> <td>Montpelier,</td> <td>ID</td> <td>83254</td> </tr> <tr> <td>Sec./Treas.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	Clay Campbell	166 S. 5 th St,	Montpelier,	ID	83254	Sec./Treas.					
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Pres.	Clay Campbell	166 S. 5 th St,	Montpelier,	ID	83254																
Sec./Treas.																					
5. Organized Under the Laws of: IDAHO C 150435	6. Signature  Name (Typed or Printed) <u>Clay Campbell, M.D.</u>			Date <u>6/9/06</u> Title <u>Owner / MD</u>																	

Issued 06/01/2006

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