

No. C 178780	Due no later than Jun 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		JEREMY B HAYMORE MD 1160 SYLVAN CIRCLE BURLEY ID 83318			
	HAYMORE MEDICAL SERVICES, PC JEREMY B HAYMORE 1160 SYLVAN CIRCLE BURLEY ID 83318 USA		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	JEREMY B HAYMORE	1160 SYLVAN CIRCLE	BURLEY	ID	USA	83318
5. Organized Under the Laws of: ID C 178780		6. Annual Report must be signed.* Signature: Jeremy B. Haymore, MD Name (type or print): Jeremy B. Haymore, MD		Date: 07/10/2010 Title: President		
Processed 07/10/2010		* Electronically provided signatures are accepted as original signatures.				