| No. C 142104 | | Due no later than Jan 31, 2011 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|---|--|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | STANLEY MOGELSON 3527 TWIN FALLS GRADE KIMBERLY ID 83341 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Busine | | 1. Mailing Address: Correct in this box if needed. STANLEY MOGELSON, M.D., P.A. STANLEY MOGELSON 3527 TWIN FALLS GRADE KIMBERLY ID 83341 USA Less Addresses of President, Secretary, and Directors. Treasurer | | KIMBERLY II | | | | |
| | | | | | | | | |
| Office Held | Name | icss riddi esses of | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | STANLEY M | OGELSON | 3527 TWIN FALLS GRADE | KIMBERLY | ID | USA | 83341 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 142104 | | Signature: St | | Date: 12/06/2010 | | | | |
| | | Name (type o | | Title: President | | | | |
| Processed 12/06/2010 | | * Electronically p | rovided signatures are accepted as origina | l signatures. | | | | |