No. <b>C 122026</b>	Due	Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		nual Report Form	MICHAEL J CARRAHER, M.D.				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	POST FALLS IN MICHAEL J CA 1300 E MULLEN	I STE 1600	POST FALLS	1300 E MULLAN POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS II	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Bu	siness Addresses of F	resident, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	M BAUMAN J CARRAHER	1300 E. MULLAN SUITE 1600 1300 E. MULLAN SUITE 1600	POST FALLS POST FALLS	ID ID	USA USA	83854 83854	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
<b>ID</b> Signature: N		hael J Cardraher, MD	Date: 10/25/2010				
C 122026	Name (type or	rint): Michael J Cardraher, MD Title: President					
Processed 10/25/2010	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					