

No. <b>C 122145</b>		Due no later than Dec 31, 2009		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  EVENING MEDICAL CLINIC, P.C. MICHAEL KLETT, DO 1252 BENNETT AVE STE B BURLEY ID 83318		MICHAEL KLETT, DO 1252 BENNETT AVE STE B BURLEY ID 83318			
				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	MICHAEL KLETT	1252 BENNETT AVE STE B	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:  <b>ID C 122145</b>		6. Annual Report must be signed.* Signature: Michael Klett Name (type or print): Michael Klett Date: 01/12/2010 Title: Pres					
Processed 01/12/2010		* Electronically provided signatures are accepted as original signatures.					