

No. C 50578

Due no later than December 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

1. Mailing Address - Correct in this box, if applicable

ROCCO P. CIFRESE, M.D. & SARA ASHMA
ROCCO P CIFRESE, M.D.
1995 EAST 17TH STREET
IDAHO FALLS, ID 83404

ROCCO P. CIFRESE
1995 EAST 17TH ST.
IDAHO FALLS, ID 83404

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Rocco P. CIFRESE, MD	1995 E 17th St	IDAHO FALLS,	ID	83404
Sec	SARA A CIFRESE, MD				

5. Organized Under the Laws of:

IDAHO
C 50578

6.

Signature

R Cyren MD

Date

10/11/06

Name (Typed or Printed)

Rocco P. Cifrese MD

Title

Pres