

No. C 149012		Due no later than May 31, 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. CENTER FOR PAIN CARE, P.A. CLINTON MALLARI 970 N HILTONHEAD WAY EAGLE ID 83616		CLINTON MALLARI 970 N HILTONHEAD WAY EAGLE ID 83616			
				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	CLINTON MALLARI	970 N. HILTONHEAD WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149012		Signature: MK Mallari				Date: 03/24/2010	
		Name (type or print): MK Mallari				Title: Administrator	
Processed 03/24/2010		* Electronically provided signatures are accepted as original signatures.					