

No. C 64184		Due no later than Jun 30, 2011		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. JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D., P.A. 307 SAINT JOHN'S WAY #17 LEWISTON ID 83501-2435		JAMES FISHER, M.D. 307 ST. JOHN'S WAY #17 LEWISTON ID 83501			
				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	JAMES B FISHER, M.D., P.A.	307 ST.JOHN'S WAY SUITE 17	LEWISTON	ID	USA	83501-2435	
5. Organized Under the Laws of: ID C 64184		6. Annual Report must be signed.* Signature: James B. Fisher, M.D. Name (type or print): James B. Fisher, M.D.			Date: 04/22/2011 Title: M.d.		
Processed 04/22/2011		* Electronically provided signatures are accepted as original signatures.					