

No. C 68656

Due no later than December 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

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

THOMAS L LAWRENCE, M.D., P.A.  
THOMAS L LAWRENCE  
1327 SUPERIOR  
SANDPOINT, ID 83864THOMAS L LAWRENCE  
1327 SUPERIOR  
SANDPOINT, ID 83864NO FILING FEE IF  
RECEIVED BY DUE DATE3. 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	THOMAS L LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864
SEC/TREAS	DEBRA A LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864

5. Organized Under the Laws of:

IDAHO  
C 68656

6.

Signature

*Debra A Lawrence*

Date

10-13-08

Name

(Typed or  
Printed)

DEBRA A LAWRENCE

Title

SEC/TREAS

Issued 10/01/2008

Do Not Tape or Staple

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