No. C 121026		Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			BRUCE C MCCOMAS, M.D.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRUCE C. MCCOMAS, M.D., P.A. BRUCE C MCCOMAS, MD 775 POLELINE ROAD WEST SUITE 212		775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		TWIN FALLS ID 83301						
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
	STACI MCCOMAS BRUCE MCCOMAS		775 POLELINE ROAD WEST S			ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 121026		Signature: Staci McComas				Date: 07/20/2012		
		Name (type or print): Staci McComas				Title: Secretary		
Processed 07/20/2012 * Electronically provided signatures are accepted as original signatures.								