

No. C 117410	Due no later than Dec 31, 2007 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. THOMAS BEATON, M.D., P.A. THOMAS BEATON MD 750 N SYRINGA, STE 203 POST FALLS ID 83854		THOMAS BEATON MD 916 IRONWOOD DR COEUR D ALENE ID 83814			
			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	THOMAS P BEATON	750 N SYRINGA, STE 203	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID C 117410	6. Annual Report must be signed.* Signature: Thomas P. Beaton MD Name (type or print): Thomas P. Beaton MD		Date: 10/16/2007 Title: President			
Processed 10/16/2007		* Electronically provided signatures are accepted as original signatures.				