No. C 85397		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KURACINA MARILEE 6985 E GREEN DR NAMPA ID 83687				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004 NAMPA ID 83653 USA 3.						
				NAME ID 650	NAPITA ID 03007			
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE				g				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
	MARILEE J KURACINA		6985 E GREENS DR	NAMPA	ID	USA	83653	
			1814 SE MADISON ST	PORTLAND	OR	USA	97214	
DIRECTOR JEREMY C SINKINSO TREASURER ELAINE KURACINA			936 LEAVENWORTH ST UNIT 5 29 PIERREPONT AVE	SAN FRANCISCO POTSDAM	CA NY	USA USA	94109 13676	
TREASURER	ELAINE KUK	ACINA	29 PIERREPONT AVE	POTSDAM	INT	USA	130/0	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 85397		Signature: Marile		Date: 10/14/2012				
		Name (type or p		Title: President				
Processed 10/14/2012	* Electronically provided signatures are accepted as original signatures.							