No. <b>C 126558</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BENJAMIN BLAIR, M.D., P.A.  333 18TH AVE POCATELLO ID 83201		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				BENJAMIN BLAIR, M.D. 333 18TH AVE POCATELLO ID 83201  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ss Addresses of President Secretary a	and Directors, Treasurer (	(ontional)			
	Name	Street or PO	20.00	City	State	Country	Postal Code
PRESIDENT BENJAMIN BL		AIR 333 N. 18TH <i>i</i>	AVE. STE. D-1	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  ID  C 126558		6. Annual Report must be signed.* Signature: Benjamin Blair Name (type or print): Benjamin Blair	Date: 10/27/2011 Title: President				
Processed 10/27/2011	:	* Electronically provided signatures are accepted as original signatures.					