

No. C 156843

Due no later than October 31, 2008
Annual Report Form

Return to:

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

DONALD A. BAKER, M.D., P.A.
PO BOX 766
SPIRIT LAKE, ID 83869

2. Registered Agent and Office NO PO BOX

DONALD A BAKER
32168 N 5TH AVE
SPIRIT LAKE, ID 83869

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	DON BAKER, M.D.	32168 NO. 5 th AVE	SPIRIT LAKE	IDAHO	83869

5. Organized Under the Laws of:

IDAHO
C 156843

6.

Signature

Name (Typed or
Printed)

DONALD A. BAKER, M.D.

Date

8/15/08

Title

OWNER

Issued 08/06/2008

Do Not Tape or Staple

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