

No. C 106363		Due no later than May 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KUNA FAMILY MEDICAL CLINIC, P.A. MYRNA C OLSON-FISHER 708 E WYTHE CREEK CT. STE. 103 KUNA ID 83634 USA		MYRNA C OLSON-FISHER 708 E WYTHE CREEK CT. STE. 103 KUNA ID 83634			
				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	MYRNA C OLSON-FISHER	1880 SWANFALLS RD.	KUNA	ID	USA	83634	
TREASURER	DENNIS M FISHER	1880 SWANFALLS RD.	KUNA	ID	USA	83634	
SECRETARY	DENNIS M FISHER	1880 SWANFALLS RD.	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID C 106363		6. Annual Report must be signed.* Signature: Dennis M. Fisher Name (type or print): Dennis M. Fisher					
Date: 03/15/2011 Title: Sec./Tres.							
Processed 03/15/2011		* Electronically provided signatures are accepted as original signatures.					