No. C 187499	Due no later than Jun 30, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form 1. Mailing Address: Correct in this box if needed. JOSEPH M BOWEN, MD, PC ANN POOLE		JOSEPH M BOWEN 1107 W IRONWOOD DR COEUR D ALENE ID 83814				
NO FILING FEE IF RECEIVED BY DUE DATE	1107 W 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	
DIRECTOR JOSEPH N	BOWEN, M.D. 1107 W.	IRONWOOD DRIVE IRONWOOD DRIVE IRONWOOD DRIVE	COEUR D ALENE COEUR D ALENE COEUR D ALENE	ID ID ID	USA USA USA	83814 83814 83814	
5. Organized Under the Laws of:	6. Annual Report must be signed.*	Annual Report must be signed.*					
ID	Signature: Ann Poole	Signature: Ann Poole		Date: 04/17/2012			
C 187499	Name (type or print): Ann Poole	print): Ann Poole		Title: Business Mgr			
Processed 04/17/2012	* Electronically provided signatures are accepted as original signatures.						