

No. <b>C 141924</b>		<b>Due no later than Dec 31, 2006</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ALLEN J. SINCLAIR, M.D., P.A. ALLEN J SINCLAIR 4161 CREEKVIEW DR TWIN FALLS ID 83301		ALLEN J SINCLAIR MD 4161 CREEKVIEW DR TWIN FALLS ID 83301	
				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	ALLEN J SINCLAIR	address1	city	ID	83301
SECRETARY	MARGARET A SINCLAIR	address1	city	ID	83301
5. Organized Under the Laws of:  <b>IDAHO C 141924</b>		6. Annual Report must be signed.* Signature: Allen Sinclair Name (type or print): Allen Sinclair Date: 10/13/2006 Title: President			
Processed 10/13/2006		* Electronically provided signatures are accepted as original signatures.			