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|--|---------------------|--|-------|--|--------------------|-------------|--|
| No. C 162130 | | Due no later than Aug 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 | | SALLY CARROLL 14475 TWETE RD ATHOL ID 83801 | | | |
| | | 1. Mailing Address: Correct in this box if needed. WOLF CREEK PRACTICE MANAGEMENT, INC. SANDY SCHRACK 7134 W BOEKEL ROAD RATHDRUM ID 83858 USA | | 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 | |
| SECRETARY | RONALD G CARROLL | 14475 TWETE RD | ATHOL | ID | USA | 83801 | |
| PRESIDENT | RUSSELL'E M CARROLL | 14475 TWETE RD | ATHOL | ID | USA | 83801 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 162130 | | Signature: Sandy Schrack | | | Date: 06/15/2011 | | |
| | | Name (type or print): Sandy Schrack | | | Title: Book Keeper | | |
| Processed 06/15/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |