No. <b>C 141918</b>	Di	Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROBERT M V	ROBERT M WARD MD			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		1070 LAURELWOOD CT TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT M. WARD, M.D., P.A. 1070 LAURELWOOD CT TWIN FALLS ID 83301		I WIN FALLS	TWIN FALLS ID 65501			
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 ROBERT N	1 WARD	1070 LAURELWOOD COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6 Appual Papa	t must be signed *					
	6. Annual Report must be signed.*  Signature: Robert Ward  Date: 10/18/2009						
ID .				Date: 10/18/2009			
C 141918	Name (type o	Name (type or print): Robert Ward		Title: President			
Processed 10/18/2009	* Electronically p	* Electronically provided signatures are accepted as original signatures.					