

No. <b>C 180924</b>		<b>Due no later than Nov 30, 2012</b>		2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b>  DAVID E. NILSSON, PH.D., P.C. DAVID E. NILSSON, PH.D. 950 W BANNOCK ST #1100 BOISE ID 83702 USA		CYNTHIA NILSSON 950 W. BANNOCK ST. #1100 BOISE ID 83702			
				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	DAVID E NILSSON	2150 S 1300 E #500	SALT LAKE CITY	UT	USA	84106	
5. Organized Under the Laws of:  <b>UT C 180924</b>		6. Annual Report must be signed.* Signature: Cindy Nilsson Name (type or print): Cindy Nilsson Date: 09/25/2012 Title: Clinic Director					
Processed 09/25/2012		* Electronically provided signatures are accepted as original signatures.					