

No. C 142375	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable		MARK S MYERS 533 MAIN ST SALMON, ID 83467												
	MYERS MEDICAL CLINIC, P.A. - 4102 MAIN ST <i>104 S. DAISY ST.</i> SALMON, ID 83467														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MARK S. MYERS</td> <td>104 S. DAISY ST.</td> <td>SALMON</td> <td>IDAHO</td> <td>83467</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARK S. MYERS	104 S. DAISY ST.	SALMON	IDAHO	83467
Office held	Name	Street or P.O. Address	City	State	Zip										
PRESIDENT	MARK S. MYERS	104 S. DAISY ST.	SALMON	IDAHO	83467										
5. Organized Under the Laws of: IDAHO C 142375	6. Signature <u>Mark S. Myers</u> Date <u>12/16/05</u> Name (Typed or Printed) <u>MARK S. MYERS</u> Title <u>President</u>														