No. <b>C 84676</b>		Due no later than Aug 31, 2011			2. Registered Agent and Address (NO PO BOX)						
Return to:		Annual Report Form		LLOYD E. WITHAM, M.D. 1107 IRONWOOD DRIVE COEUR D'ALENE ID 83814							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LLOYD E. WITHAM, M.D., P.A.  ANN POOLE  1107 IRONWOOD DRIVE  COEUR D'ALENE ID 83814									
								3. New Registered Agent Signature:*			
								NO FILING FEE IF RECEIVED BY DUE DATE		USA	
4. Corporations: Enter Na	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	asurer (	optional).						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code			
TREASURER	LLOYD E WITHAM		6936 FRENCH GULCH RD		COEUR D ALENE	ID	USA	83814			
DIRECTOR	LLOYD E WITHAM		6936 FRENCH GULCH RD		COEUR D ALENE	ID	USA	83814			
SECRETARY	LLOYD E WITHAM		6936 FRENCH GULCH RD		COEUR D ALENE	ID	USA	83814			
PRESIDENT	LLOYD E W	ITHAM	6936 FRENCH GULCH RD		COEUR D ALENE	ID	USA	83814			
5. Organized Under the Laws of: 6. A		6. Annual Repo	ort must be signed.*								
ID C 84676		Signature: Lloyd E. Witham, M.d. P.a.			Date: 08/15/2011						
		Name (type or print): Lloyd E. Witham, M.d. P.a.				Title: President					
* Electronically provided signatures are accepted as original signatures.											