No. C 158887	Due no	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		MARVIN M SMITH 490 MEMORIAL DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MARGARET C. HUGGINS, P.A. MARGARET C. HUGGINS, M.D. 2860 CHANNING WAY STE 225 IDAHO FALLS ID 83404					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busi	ness Addresses of Presi	dent, Secretary, and Directors. Treasure	r (optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
	C. HUGGINS, M.D.	2860 CHANNING WAY, STE 225	IDAHO FALLS	ID	USA	83404
SECRETARY MATTHEW		2860 CHANNING WAY, SUITE 225	IDAHO FALLS	ID	USA	83404
DIRECTOR MARGARET	C. HUGGINS, M.D.	2860 CHANNING WAY, SUITE 225	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: 6. Annual Report must be signed.*		st be signed.*				
IDAHO	Signature: Lisa Storer		Date: 03/09/2007			
C 158887	Name (type or print): Lisa Storer		Title: Office Manager			
Processed 03/09/2007	* Electronically provided signatures are accepted as original signatures.					