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		1.45 than July 31, 2007		2. Registered Agent and Office NO PO BOX	
No. C 161319		Due no later than July 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable is a KIMBERLY A. VORSE, M.D., P.C. 380 WASHINGTON AVE STE 201 P.O. POX 5000 KETCHUM, ID 83340		KIMBERLY A VORSE MD 380 WASHINGTON AVE STE 201 KETCHUM, ID 83340 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080					
RECE 4. Co	LING FEE IF IVED BY DUE DATE orporations: Enter Nam lice held Name Kinchely	es and Business Addresses Street or P.O. Address Vovs Po Box S		y and Directors. State	SSSA0
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* **					
5. Org	ganized Under the Laws of: IDAHO C 161319	6. Signature	Kim Vorce		1.107 07003556
<u></u>	OE/04/2007	Do Not T	ape or Staple		