| No. C 173438 | | Due no later than Jun 30, 2009 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 12 | | Annual Report Form ing Address: Correct in this box if needed. ARE PROVIDERS NETWORK, INC. MARVIN INN CREEK RD ID 83672 | 1200 MANN (WEISER ID | LORNA MARVIN 1200 MANN CREEK RD WEISER ID 83672 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| The second secon | Business Address | es of President, Secretary, and Directors. Treasur | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | MARVIN | 1200 MANN CREEK RD | WEISER | ID | USA | 83672-5528 | |
| PRESIDENT LINDA WILLIAMS 6121 CLEVELAND BLVD CALDWELL ID USA 83607-5129 | | | | | | | |
| 5. Organized Under the Laws of: 6. Annu | | Report must be signed.* | | | | | |
| ID | Signatur | Signature: Lorna Marvin | | Date: 07/27/2009 | | | |
| C 173438 | Name (t | Name (type or print): Lorna Marvin | | Title: Secretary/Treasurer | | | |
| Processed 07/27/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | |