

No. C 47674	Due no later than June 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	H. KENT STAHELI, M.D., P.A. H. KENT STAHELI, M.D. 4480 ABINADI RD SALT LAKE CITY, UT 84124		GREG JOHNSTON 920 DEON DR STE C POCATELLO, ID 83201 3. <u>New</u> Registered Agent Signature											
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>H. Kent Staheli</td> <td>4480 Abinadi Road</td> <td>Salt Lake City</td> <td>Utah</td> <td>84124</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	H. Kent Staheli	4480 Abinadi Road	Salt Lake City	Utah
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	H. Kent Staheli	4480 Abinadi Road	Salt Lake City	Utah	84124									
5. Organized Under the Laws of: IDAHO C 47674	6. Signature <u>H. Kent Staheli</u> Date <u>5/7/08</u> Name (Typed or Printed) <u>H. Kent Staheli</u> Title <u>President</u>													

Issued 04/01/2008

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