No. C 46180

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than September 30, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

PAYETTE LAKES MEDICAL CLINIC, P.A.
~~EDDIE J. DROGE, MD~~ Retired
P. O. BOX 1047
MCCALL, ID 83638

2. Registered Agent and Office **NO PO BOX**

~~EDDIE J. DROGE, M.D.~~
211 WEST FOREST STREET
MCCALL, ID 83638
Daniel Ostermiller, MD

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
member	Daniel Ostermiller	POB 1047	McCall	ID	
member	Jim W. Davis	POB 1047	McCall	ID	
member	Scott Harris	POB 1047	McCall	ID	
member	David Hall	POB 1047	McCall	ID	
member	Julie Welty	POB 1047	McCall	ID	

5. Organized Under the Laws of:
IDAHO
C 46180

6.
Signature _____ Date _____
Name (Typed or Printed) Daniel Ostermiller, MD Title Member

Issued 07/01/2008

Do Not Tape or Staple

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