

No. C 61648		Due no later than Jul 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		V GENE RUFI 500 S 11TH AVE STE 4-D POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed. V. GENE RUFI, M.D., PROFESSIONAL ASSOCIATION V GENE RUFI PO BOX 715 POCATELLO ID 83204-0715		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	V GENE RUFI MD	488 PEBBLE LANE	POCATELLO	ID	USA	83204	
SECRETARY	JANIECE RUFI	488 PEBBLE LANE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 61648		Signature: Lori Marshall			Date: 08/15/2007		
		Name (type or print): Lori Marshall			Title: Bookkeeper		
Processed 08/15/2007		* Electronically provided signatures are accepted as original signatures.					