No. C 132209

Due no later than January 31, 2008

**Annual Report Form**

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

**NO FILING FEE IF RECEIVED BY DUE DATE**

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

ROBERT C. LOFGRAN, M.D., P.A.
ROBERT C LOFGRAN
36 PROFESSIONAL PLAZA STE 202
REXBURG, ID 83440

2. Registered Agent and Office NO PO BOX

ROBERT C LOFGRAN
36 PROFESSIONAL PLAZA STE 202
REXBURG, ID 83440

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 |
|---|---|---|---|---|---|
| President | Robert C. Lofgran | 1299 Morningside Dr. | Rexburg | ID | 83440 |
| Secretary | Linda H. Lofgran | 1299 Morningside Dr. | Rexburg | ID | 83440 |

5. Organized Under the Laws of:
IDAHO
C 132209

6.
Signature Robert C Lofgran Date 11-9-07

Name (Typed or Printed) Robert C Lofgran Title President

Issued 11/01/2007

**Do Not Tape or Staple**

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