

No. C 152177

Due no later than December 31, 2007
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

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

SANDOVAL CENTER FOR MEDICINE, CHART
LUCIA SANDOVAL
PO BOX 7130
BOISE, ID 83707

JESSE SANDOVAL DO
1199 SHORELINE DR STE 310
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

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
PRES	JESSE SANDOVAL	1199 SHORELINE LN	BOISE	ID	83702
VP/Sec.	LUCIA SANDOVAL	1199 SHORELINE LN	BOISE	ID	83702

5. Organized Under the Laws of:
IDAHO
C 152177

6.

Signature

Date

10/6/07

Name

(Typed or Printed)

JESSE SANDOVAL

Title

P.O.

Issued 10/01/2007

Do Not Tape or Staple

200712003996