

No. C 168040

Due no later than July 31, 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

1. Mailing Address - Correct in this box if applicable

AMMARA'S HEART DISEASE & STROKE PRE  
30410 HWY 200 STE 101  
PONDERAY, ID 83852KATHLEEN M GAVIN  
30410 HWY 200 STE 101  
PONDERAY, ID 83852NO FILING FEE IF  
RECEIVED BY DUE DATE3. 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	Kathy Gavin	345 Gold Hill Circle	Sagle	Id	83860
Secretary					

5. Organized Under the Laws of:

IDAHO  
C 168040

6.

Signature

Name (Typed or Printed)

Date

Title

*Kathy Gavin*  
KATHY GAVIN  
5-28-08  
President

Issued 05/02/2008

Do Not Tape or Staple

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