

No. C 185523		Due no later than Dec 31, 2012		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 1. Mailing Address: Correct in this box if needed. MICHAEL R. MERCY, M.D., P.A. MICHAEL R. MERCY, MD, PA 6789 N. HILLSBORO PL BOISE ID 83703-2974		GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA			
				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	MICHAEL R. MERCY	6789 N. HILLSBORO PL	BOISE	ID	USA	83703-2974	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 185523		Signature: Michael R Mercy MD				Date: 10/18/2012	
		Name (type or print): Michael R Mercy MD				Title: President	
Processed 10/18/2012		* Electronically provided signatures are accepted as original signatures.					