No. <b>C 61555</b>		Due no later than Jul 31, 2006 2. Registered Agent and Address (NO PO BOX)					PO BOX)
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOHN THOMAS, M.D. P.A.  JOHN THOMAS M.D.  755 HOSPITAL WAY,BLD.B-STE3  POCATELLO ID 83201		JOHN THOMAS M.D. 755 HOSPITAL WAY,BLD.B-STE3 POCATELLO ID 83201  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				(ontional)			
Office Held	Name	less Addresses of P	resident, Secretary, and Directors. Treasurer Street or PO Address		Ctata	Country	Postal Code
		OMAC M D		City	State	Country	
PRESIDENT	JOHN H TH	OMAS M.D.	755 HOSPITAL WAY, BLD. B-STE 3	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 61555		Signature: ROBERT D. LONG		Date: 08/29/2006			
		Name (type or	Title: CPA				
Processed 08/29/2006 * Electronically provided signatures are accepted as original signatures.							