| No. C 178760 Return to: | | Due no later than May 31, 2010 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) JEFF S SWENSON | | | | |
|---|---------------|--|---------------------------------------|---|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SWENSON M.D., INC. JEFF S SWENSON 1125 E 700 N JACKSON ID 83350 | | _ | 1125 E 700 N JACKSON ID 83350 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 700 | ies and Busin | ess Addresses of Pre | sident, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT | JEFFREY S : | SWENSON | 1125 E 700 N | | JACKSON | ID | USA | 83350 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jeff Swenson | | | Date: 04/27/2010 | | | |
| C 178760 | | Name (type or print): Jeff Swenson | | | Title: President | | | |
| rocessed 04/27/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |