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| No. C 187403 | Due no later than Jun 30, 2011 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. CORPORATION FOR OBESITY PRACTITIONER EDUCATION KEITH P MCGUINNESS PO BOX 1492 EAGLE ID 83616 | KEITH P MCGUINNESS 155 E BEACON LIGHT ROAD EAGLE ID 83616 | | | | |
| | | 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 |
| DIRECTOR | KEITH P MCGUINNESS | 155 E. BEACON LIGHT RD | EAGLE | ID | USA | 83616 |
| SECRETARY | KEITH P MCGUINNESS | 155 E. BEACON LIGHT RD | EAGLE | ID | USA | 83616 |
| PRESIDENT | KEITH P MCGUINNESS | 155 E. BEACON LIGHT RD | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID C 187403 | 6. Annual Report must be signed.* Signature: Keith P McGuinness Name (type or print): Keith P McGuinness | | Date: 04/26/2011 Title: President | | | |
| Processed 04/26/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |