

No. C 149012

Due no later than May 31, 2005  
Annual Report Form

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 applicable

CENTER FOR PAIN CARE, P.A.  
CLINTON MALLARI  
~~1619 N WIMBLEDON PL~~  
~~EAGLE, ID 83616~~

970 N. Hi-Honhead  
Eagle, ID 83616

2. Registered Agent and Office NO PO BOX

CLINTON MALLARI  
1619 N WIMBLEDON PL  
EAGLE, ID 83616

3. 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

Pres. CLINTON MALLARI 115 W. MAIN ST. Boise ID 83702  
SRC 102

5. Organized Under the Laws of:

IDAHO  
C 149012

6. Signature

Clinton Mallari

Date 3-25-05

Name (Type or  
Printed)

Mary KENT MALLARI

Title OFFICE MGR

200505004049

Issued 03/01/2005

Do Not Tape or Staple