No. **C 167514**	**Due no later than Jun 30, 2009** **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.** BOISE RHEUMATOLOGY P.C. STEVE ECKLUND MD 222 N 2ND ST STE 304 BOISE ID 83702	STEVEN R ECKLUND 222 N 2ND ST STE 304 BOISE ID 83702 3. New 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	STEVEN R ECKLUND	222 N 2ND ST STE. 304	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 167514**	Signature: Steven R. Ecklund	Date: 04/13/2009
	Name (type or print): Steven R. Ecklund	Title: President

Processed 04/13/2009

* Electronically provided signatures are accepted as original signatures.