

No. C 181394		Due no later than Jan 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VERMON S. ESPLIN, M.D., P.C. VERMON S ESPLIN 560 MEMORIAL DR POCA TELLO ID 83201		VERMON S ESPLIN 560 MEMORIAL DR POCA TELLO ID 83201			
				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	
PRESIDENT	VERMON S ESPLIN	560 MEMORIAL DR	POCA TELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 181394		Signature: Vermon S. Esplin				Date: 11/28/2011	
		Name (type or print): Vermon S. Esplin				Title: President	
Processed 11/28/2011		* Electronically provided signatures are accepted as original signatures.					