

|                                                                                                                                                        |                |                                                                                                                                                                                                    |          |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>C 42959</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2011</b>                                                                                                                                                              |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TREASURE VALLEY PEDIATRICS, P.A.<br>KATIE A APPLE<br>1620 S CELEBRATION AVE<br>MERIDIAN ID 83642 |          | KATIE A APPLE<br>1620 S CELEBRATION AVE<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                                    |          | 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 |  |
| SECRETARY                                                                                                                                              | GEORGE C BOOTH | 1620 S CELEBRATION AVE                                                                                                                                                                             | MERIDIAN | ID                                                           | USA     | 83642       |  |
| PRESIDENT                                                                                                                                              | BEN H GODFREY  | 1620 S CELEBRATION AVE                                                                                                                                                                             | MERIDIAN | ID                                                           | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 42959</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Katie Apple<br>Name (type or print): Katie Apple                                                                                                   |          |                                                              |         |             |  |
|                                                                                                                                                        |                | Date: 08/15/2011<br>Title: Administrator                                                                                                                                                           |          |                                                              |         |             |  |
| Processed 08/15/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |          |                                                              |         |             |  |