

No. C 128470		Due no later than Apr 30, 2009		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. YOST & YOST PEDIATRICS, P.A. GENTRY C YOST M.D. 950 HOSPITAL WAY STE A POCATELLO ID 83201		GENTRY C YOST MD 950 HOSPITAL WAY STE A POCATELLO 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	
SECRETARY	KARA D YOST	8435 N. PARKS RD.	POCATELLO	ID	USA	83201	
DIRECTOR	CHRISTIAN C YOST	8435 N. PARKS RD.	POCATELLO	ID	USA	83201	
DIRECTOR	GENTRY C YOST	8005 W. BUCKSKIN RD.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 128470		6. Annual Report must be signed.* Signature: Kara D. Yost Name (type or print): Kara D. Yost Date: 03/18/2009 Title: Office Manager					
Processed 03/18/2009		* Electronically provided signatures are accepted as original signatures.					