

No. <b>C 136453</b>		<b>Due no later than Nov 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KENT J. SMITH, M.D., P.A. A PROFESSIONAL CORPORATION KENT J. SMITH PO BOX 3062 TWIN FALLS ID 83303-3062 USA		KENT J SMITH 775 POLE LINE RD W., STE #203 TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JOHN A. COLEMAN	P.O. BOX 1293	TWIN FALLS	ID	USA	83303-1293	
PRESIDENT	KENT J. SMITH	PO BOX 3062	TWIN FALLS	ID	USA	83303-3062	
5. Organized Under the Laws of:  <b>ID</b> <b>C 136453</b>		6. Annual Report must be signed.*  Signature: Kent J. Smith Name (type or print): Kent J. Smith					
Processed 09/14/2011		* Electronically provided signatures are accepted as original signatures.  Date: 09/14/2011 Title: President					