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| No. C 173350 | | Due no later than May 31, 2010 | | 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. NAGRAJ NARASIMHAN, M.D., P.A. SUSAN RUPERT 746 N COLLEGE RD GENOA BLDG STE D TWIN FALLS ID 83301 USA | | JUDSON B MONTGOMERY 601 W BANNOCK ST BOISE ID 83702 | | | |
| | | | | 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 | NAGRAJ NARASIMHAN | 746 N COLLEGE RD GENOA BUILDING, SUITE D | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 173350 | | Signature: Susan Rupert | | | | Date: 03/24/2010 | |
| | | Name (type or print): Susan Rupert | | | | Title: Practice Manager | |
| Processed 03/24/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |