

No. C 149887		Due no later than Jul 31, 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. HAROLD K. THOMPSON, MD, PC HAROLD K THOMPSON 1880 N EMERALD BAY AVE EAGLE ID 83616 USA		HAROLD K THOMPSON 1880 N EMERALD BAY AVE EAGLE ID 83616		
				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	HAROLD K THOMPSON	1880 N. EMERALD BAY AVE	EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 149887		Signature: Harold K Thompson, MD			Date: 06/06/2009	
		Name (type or print): Harold K Thompson, MD			Title: President	
Processed 06/06/2009		* Electronically provided signatures are accepted as original signatures.				