No. C 59960		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MICHAEL P. NAEVE, M.D. 125 E. IDAHO SUITE 102 BOISE ID 83712 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MICHAEL P. NAEVE, M.D., P.A. KAYE MICHAEL P. NAEVE, M.D. 125 E. IDAHO, SUITE 102 BOISE ID 83712		No. of Control (Control (Contr				
				J. <u>INEW</u> REGIS				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KAYE Y NAEVE		125 E. IDAHO SUITE #102	BOISE	ID	USA	83712	
PRESIDENT MICHAEL PE		TER NAEVE	125 E. IDAHO SUITE #102	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kaye		Date: 10/30/2012				
C 59960		Name (type or p		Title: Secretary				
Processed 10/30/2012	* Electronically provided signatures are accepted as original signatures.							