

No. <b>C 73520</b>		Due no later than Aug 31, 2007		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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> SOUTHEAST IDAHO MEDICAL CLINICS, P.A. STEPHEN C JOHNSON P O BOX 167 MALAD ID 83252		STEPHEN C JOHNSON 230 WEST 200 NORTH MALAD ID 83252			
				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	STEPHEN C. JOHNSON	2750 S 4100 W	MALAD	ID	USA	83252	
SECRETARY	SHERRIE W. JOHNSON	2750 S 4100 W	MALAD	ID	USA	83252	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 73520</b>		Signature: Sherrie W. Johnson Name (type or print): Sherrie W. Johnson			Date: 09/12/2007 Title: Secretary		
Processed 09/12/2007		* Electronically provided signatures are accepted as original signatures.					