

No. <b>C 144337</b>		<b>Due no later than Jun 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PORTNEUF FAMILY MEDICINE, P.A. RICHARD JOHN LASSERE MD 353 N 4TH AVE STE 102 POCATELLO ID 83201		RICHARD JOHN LASSERE MD 353 N 4TH AVE. STE 102 POCATELLO ID 83204			
						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	JORDAN L BAILEY	353 N. 4TH AVE, STE 102	POCATELLO	ID	USA	83201	
DIRECTOR	RICHARD JOHN LASSERE	353 N. 4TH AVE, STE 102	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>C 144337</b>		6. Annual Report must be signed.*  Signature: Jennifer Bell Name (type or print): Jennifer Bell					
		Date: 05/10/2011 Title: Office Manager					
Processed 05/10/2011		* Electronically provided signatures are accepted as original signatures.					