

No. C 141767		Due no later than Dec 31, 2012		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. MCCLUSKY CLINIC, P.C. DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 TWIN FALLS ID 83301		DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 TWIN FALLS ID 83301		
				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
DIRECTOR	DAVID A MCCLUSKY III	151 BRIARVISTA WAY NE	ATLANTA	GA	USA	30329
TREASURER	JOHN O MCCLUSKY	6271 FRANKLIN EAGLE COURT	EL PASO	TX	USA	79912
SECRETARY	SUE L MCCLUSKY	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301
PRESIDENT	DAVID A MCCLUSKY II	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 141767		6. Annual Report must be signed.* Signature: David A. McClusky Name (type or print): David A. McClusky Date: 12/21/2012 Title: Md				
Processed 12/21/2012		* Electronically provided signatures are accepted as original signatures.				