

No. <b>C 141767</b>		<b>Due no later than Dec 31, 2012</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>  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:  <b>ID</b> <b>C 141767</b>		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.							