

No. C 141918

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

ROBERT M WARD MD
1070 LAURELWOOD CT
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ROBERT M. WARD, M.D., P.A.
1070 LAURELWOOD CT
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Robert WARD	1070 Laurelwood Ct	Twin Falls	ID	83301
Sec	Lori WARD	1070 Laurelwood Ct	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
C 141918

6.

Signature



Date

10/12/07

Name

(Typed or Printed)

Robert WARD

Title

Pres

200712003451

Issued 10/01/2007

Do Not Tape or Staple