

No. C 165978

Due no later than March 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

PRESCOTT CLINIX, P.A.  
495 EMERALD  
BLACKFOOT, ID 83221

SANDRA PRESCOTT  
495 EMERALD  
BLACKFOOT, ID 83221

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President/ Owner	Sandra Prescott	495 Emerald Ave.	Blackfoot	ID	83221

5. Organized Under the Laws of:

IDAHO  
C 165978

6.

Signature

*Sandra Prescott*

Date

1/18/08

Name

(Typed or  
Printed)

Sandra Prescott

Title

Owner