

No. <b>C 76119</b>		<b>Due no later than Jun 30, 2010</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TETON MEDICAL SPECIALTY CENTER, INC. CHRISTINE CLARK P.O. BOX 1346 IDAHO FALLS ID 83403 USA		CHRISTINE CLARK 2001 S WOODRUFF AVE TETON MEDICAL SPECIALTY CENTER IDAHO FALLS ID 83404-7495		
				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	BRENT PARKER	TETON MEDICAL SPECIALTY CENTER	IDAHO FALLS	ID	USA	83404
DIRECTOR	MARDEE HARPER	TETON MEDICAL SPECIALTY CENTER	IDAHO FALLS,	ID	USA	83404
DIRECTOR	JOHN STROBEL, M.D.	TETON MEDICAL SPECIALTY CENTER	IDAHO FALLS	ID	USA	83404
DIRECTOR	LELAND KRANTZ, M.D.	TETON MEDICAL SPECIALTY CENTER	IDAHO FALLS	ID	USA	83404
PRESIDENT	ROGER TALL, M.D.	TETON MEDICAL SPECIALTY CENTER	IDAHO FALLS,	ID	USA	83404
5. Organized Under the Laws of:  <b>ID C 76119</b>		6. Annual Report must be signed.* Signature: Christine Clark Name (type or print): Christine Clark  Date: 07/28/2010 Title: Administrator				
Processed 07/28/2010		* Electronically provided signatures are accepted as original signatures.				