

No. C 64675

Due no later than September 30, 2007
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

WILLIAM C. MANNSCHRECK M.D., P.A.
WILLIAM C MANNSCHRECK
2956 MAYFAIR RIDGE
LEWISTON, ID 83501WILLIAM C MANNSCHRECK
2956 MAYFAIR RIDGE
LEWISTON, ID 83501NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President + Director	Wm. C. Mannschreck	2956 Mayfair Ridge	Lewiston	Idaho	83501
Secretary + Director	Roena M. Mannschreck	2956 Mayfair Ridge	Lewiston	Idaho	83501

5. Organized Under the Laws of:

IDAHO
C 64675

6.

Signature

Wm C Mannschreck

Date

7-12-07

Name

(Typed or Printed) Wm. C. Mannschreck

Title

President.

Issued 07/02/2007

Do Not Tape or Staple

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