

No. C 116394		Due no later than Sep 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SCOTT FRENCH, M.D., P.A. SCOTT FRENCH 304 COPPER BAY RD NORDMAN ID 83848		SCOTT FRENCH 304 COPPER BAY RD NORDMAN ID 83848			
						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	SUSAN FRENCH	304 COPPER BAY ROAD	NORDMAN	ID	USA	83848	
5. Organized Under the Laws of: ID C 116394		6. Annual Report must be signed.* Signature: Scott French Name (type or print): Scott French					
		Date: 09/18/2012 Title: President					
Processed 09/18/2012 * Electronically provided signatures are accepted as original signatures.							