

No. C 152177		Due no later than Dec 31, 2009 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		1. Mailing Address: Correct in this box if needed. SANDOVAL CENTER FOR MEDICINE, CHARTERED JESSE SANDOVAL PO BOX 7130 BOISE ID 83707		JESSE SANDOVAL DO 1199 SHORELINE DR STE 310 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	JESSE SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
SECRETARY	LUCIA M SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
DIRECTOR	JESSE SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 152177		6. Annual Report must be signed.* Signature: Jesse Sandoval Name (type or print): Jesse Sandoval					
		Date: 10/19/2009 Title: D.o.					
Processed 10/19/2009		* Electronically provided signatures are accepted as original signatures.					