

No. C155815

Due no later than July 31, 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

CATHERINE M. SURIANO, MD, P.C.  
5559 W MICA VIEW RD  
COEUR D'ALENE, ID 83814

CATHERINE M SURIANO  
5559 W MICA VIEW RD  
COEUR D ALENE, ID 83814

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.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
|--------------------|-------------|-------------------------------|-------------|--------------|------------|

|       |                         |                       |               |    |       |
|-------|-------------------------|-----------------------|---------------|----|-------|
|       | <del>SECRETARY</del>    |                       |               |    |       |
| owner | Catherine M. Suriano MD | 5559 W. Mica View Rd. | Coeur d'Alene | ID | 83814 |

5. Organized Under the Laws of:  
IDAHO  
C 155815

6.

Signature

*Catherine M. Suriano* non

Date

5/14/07

Name

(Typed or  
Printed)

Catherine M. Suriano

Title

Owner

Id 05/01/2007

Do Not Tape or Staple

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