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|--|-----------------|--|-------------|--|---------|-------------|--|
| No. C 103383 | | Due no later than Sep 30, 2012 | | 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 | | Annual Report Form | | GARY C WALKER 2319 CORONADO IDAHO FALLS ID 83404 | | | |
| | | 1. Mailing Address: Correct in this box if needed. GARY C. WALKER, M.D., P.A. GARY C WALKER 2319 CORONADO IDAHO FALLS ID 83404 USA | | 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 | |
| SECRETARY | KIMBERLY WALKER | 2319 CORONADO | IDAHO FALLS | ID | USA | 83404 | |
| PRESIDENT | GARY C WALKER | 2319 CORONADO | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: ID C 103383 | | 6. Annual Report must be signed.* Signature: Linda R Isaacs Name (type or print): Linda R Isaacs Date: 07/13/2012 Title: Office Manager | | | | | |
| Processed 07/13/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |