No. C 163729		Due no later than Dec 31, 2011		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 1. Mailing Address: Correct in this box if needed. GREEN FIELD FAMILY MEDICINE, P.C. 420 E 400 N REXBURG ID 83440		SCOTT R HARDY D.O. 420 E 400 N REXBURG ID 83440 3. New 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	SCOTT R.	HARDY	420 EAST 400 NORTH	REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Scott Hardy		Date: 01/13/2012			
C 163729		Name (type or print): Scott Hardy		Title: President			
Processed 01/13/2012 * Electronically provided signatures are accepted as original signatures.							