No. C 109270		Due no later than Feb 28, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWO RIVERS MEDICAL CLINIC, P.A. DELAND R BARR 683 EAST THIRD WEISER ID 83672		d. 683 EAST 1 WEISER ID	DELAND R BARR 683 EAST THIRD WEISER ID 83672 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT TREASURER	ANTHONY L EDMONDSON LORE B WOOTTON DELAND R BARR		683 EAST THIRD 683 EAST THIRD 683 EAST THIRD	WEISER WEISER WEISER	ID ID ID	USA USA USA	83672 83672 83672	
5. Organized Under the Laws of:		6. Annual Report r						
ID C 109270		Signature: Anthony L. Edmondson			Date: 12/28/2010			
		Name (type or p		Title: Corp. Secretary				
Processed 12/28/2010		* Electronically pro	vided signatures are accepted as origi	nal signatures.				