

No. C 117410		Due no later than Dec 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. THOMAS BEATON, M.D., P.A. THOMAS BEATON MD 750 N SYRINGA, STE 203 POST FALLS ID 83854		THOMAS BEATON MD 750 N SYRINGA STE 203 POST FALLS ID 83854			
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	THOMAS P BEATON	750 N SYRINGA, STE 203	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 117410		6. Annual Report must be signed.* Signature: Thomas Beaton MD Name (type or print): Thomas Beaton MD					
		Date: 10/26/2012 Title: Owner					
Processed 10/26/2012 * Electronically provided signatures are accepted as original signatures.							