

No. C 62905		Due no later than Jan 31, 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 1. Mailing Address: Correct in this box if needed. JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST M.D. JAMES T. ANNEST, M.D. 285 FRAZIER CT TWIN FALLS ID 83301 USA		JAMES T. ANNEST, M.D. 285 FRAZIER CT TWIN FALLS ID 83301			
				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	
PRESIDENT	JAMES T. ANNEST, M.D.	285 FRAZIER CT.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 62905		Signature: James T. Annest, M.D.				Date: 11/04/2011	
		Name (type or print): James T. Annest, M.D.				Title: President	
Processed 11/04/2011		* Electronically provided signatures are accepted as original signatures.					