No. C 117410		Due no later than Dec 31, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The street of th	THOMAS BEATON MD 750 N SYRINGA STE 203 POST FALLS ID 83854 3. New Registered Agent Signature:*			
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						
				3. <u>New</u> Register				
4. Corporations: Enter	r Names and Busir	ness Addresses of	President, Secretary, and Directors. Treas	surer (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 t	he Laws of:	6. Annual Repo	rt must be signed.*					
TD.		Signature: Ri		Date: 11/23/2009				
C 117410		Name (type o		Title: Cpa				
Processed 11/23/2009	9	* Electronically p	provided signatures are accepted as original	al signatures.				