No. C 146839	Due no later than Dec 31, 20	
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 BRUMFIELD MEDICAL SERVICES, P.C. TROY BRUMFIELD PO BOX 51330	KEVIN R KOPINSPA 1000 RIVERWALK DR IDAHO FALLS ID 83402
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS ID 83405-1330	3. <u>New</u> Registered Agent Signature:*
4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Dire	rectors. Treasurer (optional).
Office Held Name	Street or PO Address	ss City State Country Postal Code
PRESIDENT TROY R BR	UMFIELD 356 LACOSTA DRIVE	E IDAHO FALLS ID USA 83401-5651
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Troy R Brumfield	Date: 10/22/2008
C 146839	Name (type or print): Troy R Brumfield	Title: President
Processed 10/22/2008 * Electronically provided signatures are accepted as original signatures.		