

No.

A 142115

Due no later than January 31, 2009

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHERRY LANE FAMILY CLINIC, P.A.
TAMI JO MCHUGH
9387 N SNAFFLE BIT LN
KUNA, ID 83634

TAMI JO MCHUGH
9387 N SNAFFLE BIT LN
KUNA, ID 83634

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

~~President~~
President

Tim McHugh

9387 N-Snaffle Bit Ln

Kuna

ID

83634

VP

Tami McHugh

9387 N-Snaffle Bit Ln

Kuna

ID

83634

5. Organized Under the Laws of:

IDAHO
C 142115

6.

Signature

Tami McHugh

Date

11/15/08

Name (Typed or Printed)

Tami McHugh

Title

VP

Issued 11/05/2008

Do Not Tape or Staple

200901003037