| No. C 163512 | | 1 | Due no later than Nov 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|-----------------------------------|-----------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | 20 1000-0-000-00 00 000-000 | JOHANNA M JENSEN MD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JOHANNA M. JENSEN, MD, P.A. JOHANNA M JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686 | | NAMPA II | 1615 12TH AVE RD STE A NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 | JOHANNA | M JENSEN | 1615 12TH AVE RD, STE A | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID C 163512 | | Signature: 3 | lohanna M Jensen | | Date: 09/09/2011 | | | |
| | | Name (type | or print): Johanna M Jensen | | Title: MD, President | | | |
| Processed 09/09/2011 | rocessed 09/09/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |