	A Doment Form	
No. C 73046 Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	MICHAEL K PARENT 307 ST. JOHN'S WAY
700 WEST JEFFERSON PO BOX 83720	MICHAEL K. PARENT, M.D., P.A. MICHAEL K PARENT 307 ST. JOHN'S WAY	LEWISTON, ID 83501
BOISE, ID 83720-0080	<u> </u>	. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Corporations: Enter Nar 	mes and Business Addresses of President, Secretary	and Directors.
Office held Name	Street or P.O. Address City	State Zip
Secretary Patrice	14 SW144 301 24 104112 Mail	TEM 301179 828
5. Organized Under the Laws of:	Street or P.O. Address EL PARENT 307 ST JOHN'S WAY A SMITH 307 ST JOHN'S WAY 6. Signature McAselk Parent	
5. Organized Under the Laws of:	6. Signature muchaelk Park Name Printed) MICHAEL PARK Do Not Tape or Staple	