No. C 60801			2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PETER M. CANNON, M.D., P.A. PETER M. CANNON 2001 S. WOODRUFF, STE. 4 IDAHO FALLS ID 83404 0000			PETER M. CANNON 2001 S WOODRUFF STE 4 IDAHO FALLS ID 83404 0000 3. New Registered Agent Signature:*			
				IDAHO FALLS				
				3. <u>New</u> Registere				
4. Corporations: Enter Nam	es and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	PETER M CANNON ARLENE P CANNON		2001 S. WOODRUFF, STE. 4 2001 S. WOODRUFF	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO C 60801		Signature: Shane McFadden			Date: 02/13/2006			
		Name (type		Title: Book Keeper				
Processed 02/13/2006	* Electronically provided signatures are accepted as original signatures.							