No. C 69312		Due no later than Mar 31, 2011			2. Registered Agent and Address (NO PO BOX)			
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 if needed. CRAIG BASS, M.D., P.A. CRAIG B BASS M.D. 250 BOBWHITE CT # 120 BOISE ID 83706		CRAIG B BASS MD 250 BOBWHITE CT #120 BOISE ID 83706 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President. S	Secretary, and Directo	ors. Treasurer (optional).			
Office Held	Name		reet or PO Address	and thousand t	City	State	Country	Postal Code
PRESIDENT	CRAIG B BA	SS 35.	27 S. FEDERAL WAY	SUITE 103-38	BOISE	ID	USA	83705
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Craig B. Bass, M.D.			Date: 03/10/2011			
C 69312		Name (type or print): Craig B. Bass, M.D.			Title: President			
Processed 03/10/2011 * Electronically provided signatures are accepted as original signatures.								