

No. <b>C 67410</b>	<b>Due no later than Jul 31, 2008</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ROCKY MOUNTAIN DIABETES AND OSTEOPOROSIS CENTER PA 2105 CORONADO IDAHO FALLS ID 83404-7495	WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404-7495  3. <u>New</u> Registered Agent Signature:*				
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	JOHN LILJENQUIST	358 W 49 S	IDAHO FALLS	ID	USA	83404
SECRETARY	VON CROFT	2220 E 25TH ST.	IDAHO FALLS	ID	USA	83404
DIRECTOR	JOHN LILJENQUIST	358 W 49 S	IDAHO FALLS	ID	USA	83404
DIRECTOR	CARL VANCE	2220 E 25TH ST.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID C 67410</b>	6. Annual Report must be signed.* Signature: Winston V Beard Name (type or print): Winston V Beard		Date: 05/21/2008 Title: Registered Agent			
Processed 05/21/2008		* Electronically provided signatures are accepted as original signatures.				