

No. C 150435

Due no later than August 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CLAY I. CAMPBELL, M.D., P.C.
166 S 5TH ST
MONTPELIER, ID 83254

CLAY I CAMPBELL MD
166 S 5TH ST
MONTPELIER, ID 83254

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Clay Campbell, MD	166 S. 5 th	Montpelier	ID	83254

5. Organized Under the Laws of:
IDAHO
C 150435

6.

Signature

Name (Typed or Printed)



Clay Campbell, MD

Date

7/11/07

Title

Pres. - Owner

Issued 06/01/2007

Do Not Tape or Staple

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