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|--|-------------------------|--|-------------|--|---------|-------------|
| No. C 171843 | | 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO OCCUPATIONAL MEDICINE ASSOCIATES, P.A. STEWART R CURTIS 677 S WOODRUFF ANENUE IDAHO FALLS ID 83404 USA | | STEWART R CURTIS 150 W WOODHAVEN LANE IDAHO FALLS ID 83401 | | |
| | | | | 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 |
| SECRETARY | CAYLIN CURTIS | 150 W WOODHAVEN LANE | IDAHO FALLS | ID | USA | 83404 |
| DIRECTOR | STEWART R CURTIS | 150 W WOODHAVEN LANE W WOODHAVEN LANE | IDAHO FALLS | ID | USA | 83404 |
| PRESIDENT | SUSANA HERNANDEZ CURTIS | 150 W WOODHAVEN LANE | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: ID C 171843 | | 6. Annual Report must be signed.* Signature: Stewart Curtis Name (type or print): Stewart Curtis Date: 02/28/2011 Title: Director | | | | |
| Processed 02/28/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |