

No. **C 73046****Due no later than June 30, 2006****Annual Report Form**2. Registered Agent and Office **NO PO BOX**Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**MICHAEL K. PARENT, M.D., P.A.  
MICHAEL K PARENT  
1630 23RD AVE STE 701  
LEWISTON, ID 83501MICHAEL K PARENT  
1630 23RD AVE STE 701  
LEWISTON, ID 835013. New Registered Agent Signature**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

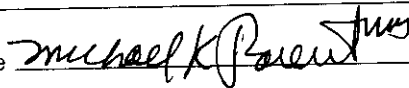
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael K. Parent, MD	1630 23rd Ave.	Lewiston	ID	83501
Secretary	Patricia L. Smith	1630 23rd Ave.	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO  
C 73046

6.

Signature



Date

04-11-06

Name

(Typed or  
Printed)

Michael K. Parent, MD

Title

MD/President

Issued 04/03/2006

Do Not Tape or Staple

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