

No. C 165476		Due no later than Mar 31, 2012 Annual Report Form		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. CLEARWATER VEIN CARE CENTER, PC ALAN G MUENCH PO BOX 423 GRANGEVILLE ID 83530 USA		ALAN G MUENCH 166 LAKE RD GRANGEVILLE ID 83530			
						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	ALAN G MUENCH	166 LAKE RD	GRANGEVILLE	ID	USA	83530	
SECRETARY	MARY L MUENCH	166 LAKE RD	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of: WA C 165476		6. Annual Report must be signed.* Signature: Alan G. Muench Name (type or print): Alan G. Muench					
		Date: 01/10/2012 Title: President					
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.					

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