

|                                                                                                                                                        |                 |                                                                                                                                                              |       |                                                                    |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|-------------------------|--|
| No. <b>C 113884</b>                                                                                                                                    |                 | <b>Due no later than Feb 28, 2011</b>                                                                                                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MICHELE L. BOYER, M.D., CHARTERED<br>413 N ALLUMBAUGH STE 101<br>BOISE ID 83704-9219<br>USA |       | MICHELE L BOYER<br>413 N ALLUMBAUGH STE 101<br>BOISE ID 83704-9219 |         |                         |  |
|                                                                                                                                                        |                 |                                                                                                                                                              |       | 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                                                                                                                                              | MICHELE L BOYER | 413 N ALLUMBAUGH STE 101                                                                                                                                     | BOISE | ID                                                                 | USA     | 83704-9219              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                            |       |                                                                    |         |                         |  |
| <b>ID<br/>C 113884</b>                                                                                                                                 |                 | Signature: Jennifer Burch                                                                                                                                    |       |                                                                    |         | Date: 03/15/2011        |  |
|                                                                                                                                                        |                 | Name (type or print): Jennifer Burch                                                                                                                         |       |                                                                    |         | Title: Business Manager |  |
| Processed 03/15/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                                    |         |                         |  |