

No. C 65536

Due no later than December 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

J.M. LACKEY, M.D.  
500 S 11TH STE 4C  
POCATELLO, ID 832013. New Registered Agent Signature

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

J.M. LACKEY, M.D., P.A.  
J.M. LACKEY, M.D.  
500 S 11TH STE 4C  
POCATELLO, ID 83201NO 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>
Pres	J.M. LACKEY	700 Canyon DR	POCATELLO,	ID	83204
Sec'y	JANIE LACKEY	700 Canyon DR	POCATELLO,	ID.	83204

5. Organized Under the Laws of:

IDAHO  
C 65536

6.

Signature

Date

12/11/07

Name (Typed or Printed)

J.M. LACKEY

Title

Pres

Issued 10/01/2007

Do Not Tape or Staple

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