No. **C 155834**	**Due no later than Aug 31, 2010** **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.** FAMILY MEDICINE & WELLNESS P.C. NANETTE Ford P O BOX 1575 KETCHUM ID 83340 USA	NANETTE FORD PA-C 380 Washington Ave Plaza KETCHUM ID 83340 3. New 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	Nanette Ford	PO Box 1575	Ketchum	ID	USA	83340-1575
PRESIDENT	Nanette Ford	PO Box 1575	Ketchum	ID	USA	83340-1575

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 155834**	Signature: Nanette Ford	Date: 07/07/2010
	Name (type or print): Nanette Ford	Title: President

Processed 07/07/2010

* Electronically provided signatures are accepted as original signatures.