

No. C 50578	Due no later than Dec 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. ROCCO P. CIFRESE, M.D. & SARA ASHMAN CIFRESE, M.D. P.A. ROCCO P CIFRESE, M.D. 1995 EAST 17TH STREET IDAHO FALLS ID 83404		ROCCO P. CIFRESE 1995 EAST 17TH ST. IDAHO FALLS ID 83404			
			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	ROCCO P CIFRESE	1995 E 17TH ST	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 50578		6. Annual Report must be signed.* Signature: Rocco P. Cifrese Name (type or print): Rocco P. Cifrese		Date: 01/10/2011 Title: Pres		
Processed 01/10/2011		* Electronically provided signatures are accepted as original signatures.				