

No. <b>C 88297</b>		<b>Due no later than Dec 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  FAMILY MEDICINE CENTER, CHARTERED DALE L. MOCK 10798 WEST OVERLAND RD. BOISE ID 83709-1329 USA		DALE L. MOCK 10798 W. OVERLAND RD. BOISE ID 83709-1329			
				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	DALE L. MOCK	10798 W. OVERLAND RD.	BOISE	ID	USA	83709-1329	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 88297</b>		Signature: Dale L. Mock, M.D.				Date: 10/26/2010	
		Name (type or print): Dale L. Mock, M.D.				Title: Owner	
Processed 10/26/2010		* Electronically provided signatures are accepted as original signatures.					