

No. C 85397	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.		MARILEE KURACINA 6985 E GREEN DR NAMPA ID 83687			
	PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004 NAMPA ID 83653 USA		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	MARILEE J KURACINA	6985 E GREENS DR	NAMPA	ID	USA	83653
DIRECTOR	LUKE A SINKINSON	10300 SW FOURTH AVE	PORTLAND	OR	USA	97219
DIRECTOR	JEREMY C SINKINSON	936 LEAVENWORTH ST UNIT 5	SAN FRANCISCO	CA	USA	94109
TREASURER	ELAINE KURACINA	29 PIERREPONT AVE	POTSDAM	NY	USA	13676
5. Organized Under the Laws of: ID C 85397	6. Annual Report must be signed.*					
		Signature: Marilee J Kuracina	Date: 01/12/2011			
		Name (type or print): Marilee J Kuracina	Title: President			
Processed 01/12/2011		* Electronically provided signatures are accepted as original signatures.				