

No. <b>C 70529</b>		<b>Due no later than Jul 31, 2011</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>Annual Report Form</b>		A. R. NEUENSCHWANDER, M.D 4809 FAIRVIEW AVE BOISE ID 83706			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		A. R. NEUENSCHWANDER, M.D., P.A. A.R. NEUENSCHWANDER, M.D. 3701 CRESCENT RIM DR APT 309 BOISE ID 83706					
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	A. R. NEUENSCHWANDER M.D. P.A.	3701 W. CRESCENT RIM DR APT 309	BOISE	ID	USA	83706-2758	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 70529</b>		Signature: AR Neuenschwander				Date: 06/07/2011	
		Name (type or print): AR Neuenschwander				Title: President	
Processed 06/07/2011		* Electronically provided signatures are accepted as original signatures.					