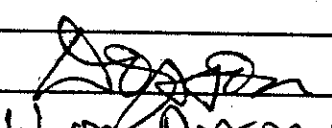


No. C 151006 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable WARREN DOPSON, M.D., P.C. WARREN DOPSON 2790 SUNCREST CIRCLE TWIN FALLS, ID 83301 3121 Heatherwood Rd Twin Falls ID 83301	2. Registered Agent and Office NO PO BOX WARREN DOPSON MD 660 SHOSHONE ST EAST STE 130 TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Warren Dopson</td> <td>3121 Heatherwood Rd</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Monica Dopson</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Warren Dopson	3121 Heatherwood Rd	Twin Falls	ID	83301	Secretary	Monica Dopson	" "	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip															
President	Warren Dopson	3121 Heatherwood Rd	Twin Falls	ID	83301															
Secretary	Monica Dopson	" "	"	"	"															
5. Organized Under the Laws of: IDAHO C 151006	6. Signature  Date 7/24/07 Name (Typed or Printed) Warren Dopson MD Title President																			

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