No. C 193138	Due no later than Dec 31, 2012 2. Registered Agent and Address (NO PO BOX)				PO BOX)	
Return to:	Annual Report Form	JOHN A BAIL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. DREW W. MCROBERTS, M.D., P.A. JOHN A BAILEY 201 E CENTER POCATELLO ID 83201	POCATELLO	201 E CENTER POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DREW MCR	OBERTS 201 E CENTER STREET	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Drew McRoberts	Date: 01/04/2013				
C 193138	Name (type or print): Drew McRoberts	Title: President				
Processed 01/04/2013	* Electronically provided signatures are accepted as original signatures.					