

No. C 65631

Due no later than January 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

R. K. ARBON, M.D., P.A.
R.K. ARBON, M.D.
2860 CHANNING WAY, SUITE 16
IDAHO FALLS, ID 83401R.K. ARBON, M.D.
2860 CHANNING WAY, SUITE 16
IDAHO FALLS, ID 83401NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	R.K. ARBON	1860 MALIBU	IDAHO FALLS	IDAHO	83404
SECRETARY	MARY ELLEN ARBON	1860 MALIBU	IDAHO FALLS	IDAHO	83404
DIRECTOR	R.K. ARBON	1860 MALIBU	IDAHO FALLS,	IDAHO	83404

5. Organized Under the Laws of:

IDAHO
C 65631

6.

Signature

*RK Arbon*Date *11-10-07*

Name (Typed or Printed)

RK ARBON

Title

PRES

Issued 11/01/2007

Do Not Tape or Staple

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