

No. **C 73778****Due no later than September 30, 2005**
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**UROLOGIC CLINIC OF BOISE, P.A.
125 E IDAHO
BOISE, ID 83714**2. Registered Agent and Office NO PO BOX**DAVID B RICE
999 NO. CURTIS RD. #302
BOISE, ID 83706**NO FILING FEE IF
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**Office heldNameStreet or P.O. AddressCityStateZip

Pres	David Rice	125 E Idaho	Boise	ID	83712
Treasurer	Cheryl Lundy	"	"	"	"

5. Organized Under the Laws of:IDAHO
C 73778**6.**

Signature

Name

(Typed or
Printed)

Date

Title

Issued 07/05/2005

Do Not Tape or Staple

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