| No. C 181393 | Due no later than Jan 31, 2013 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|----------------------|---------------------------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form | | | KENNETH E NEWHOUSE | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. KENNETH E. NEWHOUSE, M.D., P.C. KENNETH E NEWHOUSE 560 MEMORIAL DR | | 560 MEMORIAL DR POCATELLO ID 83201 | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | POCATELLO ID 83201 | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 KENNETH E | NEWHOUSE | 560 MEMORIAL DR | | POCATELLO | ID | USA | 83201 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Kenneth Newhouse | | | Date: 11/08/2012 | | | |
| C 181393 | C 181393 Name (type or print): Kenneth Newhouse | | | Title: President | | | |
| Processed 11/08/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |