

No. C 48231 A

Due no later than October 31, 2007
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

IDAHO UROLOGY CLINIC, P.A.
WILFRED E. WATKINS, M.D.
1613-B 12TH AVE. RD.
NAMPA, ID 83686

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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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Pres. Wilfred E. Watkins, M.D.	1613 B 12th Ave. Rd.	Nampa,	Idaho	83686

5. Organized Under the Laws of:
IDAHO
C 48231 A

6.

Signature



Date

8/10/07

Name
(Typed or Printed)

W.E. Watkins, M.D.

Title

Pres