

No. C 67592		Due no later than Aug 31, 2013		Annual Report Form				2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. RICHARD W. WORST, M.D., P.A. RICHARD W WORST 140 RIVER VISTA PLACE TWIN FALLS ID 83301 USA		RICHARD W WORST 140 RIVER VISTA PLACE TWIN FALLS ID 83301					
				3. <u>New</u> Registered Agent Signature:*					
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			
TREASURER	REBECCA WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
SECRETARY	REBECCA WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
PRESIDENT	RICHARD W WORST	3242 WILLOWS CIRCLE	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of: ID C 67592		6. Annual Report must be signed.* Signature: Lisa Donnelley Name (type or print): Lisa Donnelley							
		Date: 06/24/2013 Title: Cpa							
Processed 06/24/2013		* Electronically provided signatures are accepted as original signatures.							