

No. C 176141

Due no later than December 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

INDEPENDENT RESPIRATORY THERAPY OF
8305 ELK RIDGE LANE
MIDDLETON, ID 83644

ANDREW ANDERSON
8305 ELK RIDGE LANE
MIDDLETON, ID 83644

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>
co PRESIDENT	ANDREW ANDERSON	8305 ELK RIDGE LN	MIDDLETON	IDAHO	83644
co PRESIDENT	FRED BLOOMQUIST	1262 PEREGRINE	MIDDLETON	IDAHO	83644

5. Organized Under the Laws of:

IDAHO
C 176141

6.

Signature



Date

10/15/08

Name

(Typed or
Printed)

ANDREW ANDERSON

Title

co-PRESIDENT

Issued 10/01/2008

Do Not Tape or Staple

200812004597