

No. C 66636

Due no later than May 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MICHAEL NICHOLS, M.D., P.A.
MICHAEL NICHOLS, M.D.
PO BOX 1694
BOISE, ID 83701

MICHAEL NICHOLS, M.D.
135 HORIZON CIRCLE
BOISE, ID 83702

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>
President	Michael Nichols	PO Box 1694	Boise	ID	83701

5. Organized Under the Laws of:
IDAHO
C 66636

6.

Signature

Date

4/12/07