No. C 62905	Annual Report Form 1. Mailing Address: Correct in this box if needed. JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST M.D. JAMES T. ANNEST, M.D. 285 FRAZIER CT		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			285 FRAZIEF TWIN FALLS	JAMES T. ANNEST, M.D. 285 FRAZIER CT TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and Busin	ess Addresses of Pre						
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JAMES T. A	ANNEST, M.D.	285 FRAZIER CT.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report mi						
ID	Signature: James		Date: 11/07/2012				
C 62905	Name (type or pr		Title: President				
Processed 11/07/2012	* Electronically provided signatures are accepted as original signatures.						