

No. C 115171	Due no later than May 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	1. Mailing Address: Correct in this box if needed. GLEN S. LOVELACE, M.D., P.A. TERRI DOCKSTADER 333 N 1ST ST #260 BOISE ID 83702 USA		GLEN S LOVELACE 333 N 1ST #260 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						
Office Held DIRECTOR	Name GLEN S LOVELACE	Street or PO Address 333 N 1ST ST. # 260	City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of: ID C 115171	6. Annual Report must be signed.* Signature: Terri Dockstader Name (type or print): Terri Dockstader					Date: 04/24/2013 Title: Bookkeeper
Processed 04/24/2013	* Electronically provided signatures are accepted as original signatures.					