

No. <b>C 141991</b>	<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LYNN J. STROMBERG, M.D., P.A. LYNN J STROMBERG 2355 CORONADO ST IDAHO FALLS ID 83404	JARED M HARRIS 199 W BRIDGE BLACKFOOT ID 83221  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
PRESIDENT	LYNN J STROMBERG	2355 CORONADO ST.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID C 141991</b>	6. Annual Report must be signed.* Signature: Strombreg Name (type or print): Strombreg		Date: 02/11/2010 Title: Pres			
Processed 02/11/2010		* Electronically provided signatures are accepted as original signatures.				