No. C 117765		Due no later than Jan 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. WILLIAM WILSON, M.D., P.C. WILLIAM WILSON 3340 MERLIN DR #200 IDAHO FALLS ID 83404		2. Registered Age	2. Registered Agent and Address (NO PO BOX) WILLIAM WILSON 3340 MERLIN DR #200 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				3340 MERLIN I IDAHO FALLS				
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	RECTOR CARYL R. WILSON		3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
DIRECTOR WILLIAM P.D. W		D. WILSON, III	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
SECRETARY CARYL R. W		/ILSON	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
PRESIDENT	WILLIAM P.C	D. WILSON, III	3340 MERLIN DRIVE #200	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: William PD Wilson III Date: 11/26/2008				1		
C 117765		Name (type or print): William PD Wilson III			Title: President			
Processed 11/26/2008	* Electronically provided signatures are accepted as original signatures.							