

No. C 92811		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LYNN P. ESKELSON, M.D., P.A. SCOTT P ESKELSON 425 SO HOLMES AVE IDAHO FALLS ID 83401		SCOTT P. ESKELSON 425 SO HOLMES AVE IDAHO FALLS ID 83401			
				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	
DIRECTOR	LYNN P ESKELSON	1135 DOUBLE EAGLE CIRCLE	PRESTON	ID	USA	83263	
SECRETARY	SCOTT P ESKELSON	425 SOUTH HOLMES AVE	IDAHO FALLS	ID	USA	83401	
PRESIDENT	LYNN P ESKELSON	1135 DOUBLE EAGLE CIRCLE	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID C 92811		6. Annual Report must be signed.* Signature: Scott P. Eskelson Name (type or print): Scott P. Eskelson Date: 05/19/2009 Title: Registered Agent					
Processed 05/19/2009		* Electronically provided signatures are accepted as original signatures.					