| No. <b>C 128481</b>  |                   | Due no later than Apr 30, 2012  |  | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)    |         |             |  |
|--|-------------------|---|--|------------------|--|---------|-------------|--|
| Return to:   |                   | Annual Report Form  |  |                  | BRUCE J ANDERSEN MD                            |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                   | 1. Mailing Address: Correct in this box if needed.  |  |                  | 6140 W CURTISIAN AVE STE 400<br>BOISE ID 83704 |         |             |  |
|  |                   | BRUCE J. ANDERSEN, M.D., P.A. BRUCE J ANDERSEN MD 6140 W CURTISIAN AVE STE 400 BOISE ID 83704 USA |  | BOISE ID         | BOISE ID 83704                                 |         |             |  |
|  |                   |   |  | 3. New Registe   | 3. New Registered Agent Signature:*            |         |             |  |
|  |                   |   |  |                  |  |         |             |  |
| 4. Corporations: Ente  | r Names and Busin | ess Addresses of  | President, Secretary, and Directors. Treasu  | urer (optional). |  |         |             |  |
| Office Held  | Name              |   | Street or PO Address                         | City             | State  | Country | Postal Code |  |
| PRESIDENT BRUCE J AN   |                   | NDERSEN   | 6140 W CURTISIAN AVE STE 400                 | BOISE            | ID   | USA     | 83704       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |  |                  |  |         |             |  |
| ID   |                   | Signature: Debra K. Matkin  |  | Date:            | Date: 02/13/2012                               |         |             |  |
| C 128481   |                   | Name (type o  | or print): Debra K. Matkin                   | Title:           | Title: Accounting Manager                      |         |             |  |
| Processed 02/13/201  | 2                 | * Electronically p  | provided signatures are accepted as original | l signatures.    |  |         |             |  |