Vo. C 15	C 154982		ue no later than June 30, 2008  Annual Report Form		2. Registered Agent and Office NO PO BOX		
etum to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		- SatuMaili	8 - 1. Mailing Address - Correct in this box, if applicable			KATHERINE T ALKIRE 600 E STATE ST STE 200	
		KATHER	KATHERINE T. ALKIRE, FNP, P.C. 600 E STATE ST STE 200 EAGLE, ID 83616			EAGLE, ID 83616	
							ew Registered Agent Signature
Corpor	ations: Enter N	ames and E	Business Addresses of	President, S	Secretar		· ·
Office held	Name	St	reet or P.O. Address		City	State	ZIO
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