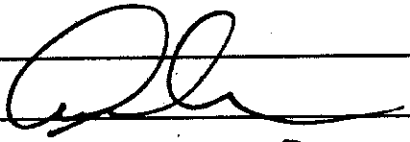


No. C 109270	Due no later than February 29, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX DELAND R BARR 683 EAST THIRD WEISER, ID 83672
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TWO RIVERS MEDICAL CLINIC, P.A. DELAND R BARR 683 EAST THIRD WEISER, ID 83672		3. New Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	DELAND R. BARR, DO.	P.O. Box 871	WEISER, ID. 83672
TREASURER	LONE, B. WOOTTON, MD	"	" " "
SECRETARY	TONY EDMONDSON	"	" " "
5. Organized Under the Laws of: IDAHO C 109270		6. Signature  Date <u>12-10-07</u> Name (Typed or Printed) <u>ANTHONY L EDMONDSON</u> Title <u>CLINIC ADMIN</u>	

Issued 12/03/2007

Do Not Tape or Staple

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