No. **C 165978**	**Due no later than Mar 31, 2010** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PRESCOTT CLINIX, P.A. SANDRA K PRESCOTT 1194 W 600S PINGREE ID 83262	SANDRA PRESCOTT 1194W 600S PINGREE ID 83262 3. New 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
PRESIDENT	SANDRA K PRESCOTT	1194W 600S	PINGREE	ID	USA	83262

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 165978**	Signature: Sandra Prescott	Date: 02/04/2010
	Name (type or print): Sandra Prescott	Title: President

Processed 02/04/2010

* Electronically provided signatures are accepted as original signatures.