

No. <b>C 67487</b>		<b>Due no later than Aug 31, 2011</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BOYD L. HAMMOND, M.D., P.A. BOYD L HAMMOND, MD 2065 EAST 17TH STREET SUITE A IDAHO FALLS ID 83404 USA		BOYD L. HAMMOND, M.D. 2065 EAST 17TH STREET SUITE A IDAHO FALLS ID 83404			
				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	
SECRETARY	YVONNE HAMMOND	2065 EAST 17TH STREET SUITE A	IDAHO FALLS	ID	USA	83404	
PRESIDENT	BOYD L HAMMOND	2065 EAST 17TH STREET SUITE A	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID C 67487</b>		6. Annual Report must be signed.* Signature: Boyd L Hammond Md Name (type or print): Boyd L Hammond Md Date: 06/14/2011 Title: President					
Processed 06/14/2011		* Electronically provided signatures are accepted as original signatures.					