No. <b>C 100298</b>	D	Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DALE G HIGER  101 S CAPITOL BLVD, SUITE 1900  BOISE ID 83702			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  JOHN M. LIVINGSTON, M.D., P.A.  JOHN M LIVINGSTON, M.D.  8756 W EMERALD STE 136					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN M LIV						
	BOISE ID 8	BOISE ID 83704-4840		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and B	usiness Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOHN M LIVINGSTON		8756 W EMERALD SUITE 136	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID Signature: Lynn L Burlile		nn L Burlile	Date: 10/26/2010				
C 100298	Name (type	Name (type or print): Lynn L Burlile		Title: Office Manager			
Processed 10/26/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					