

No. <b>C 141767</b>		<b>Due no later than Dec 31, 2013</b>		2. Registered Agent and Address <b>(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>		DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		MCCLUSKY CLINIC, P.C. DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 TWIN FALLS ID 83301					
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	
DIRECTOR	DAVID A MCCLUSKY III	775 POLE LINE RD W STE 214	TWIN FALLS	ID	USA	83301	
TREASURER	JOHN O MCCLUSKY	P O BOX 13714	EL PASO	TX	USA	79913	
SECRETARY	SUE L MCCLUSKY	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301	
PRESIDENT	DAVID A MCCLUSKY II	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: <b>ID</b> <b>C 141767</b>		6. Annual Report must be signed.* Signature: David A Mcclusky Name (type or print): David A Mcclusky		Date: 12/11/2013 Title: President			
Processed 12/11/2013		* Electronically provided signatures are accepted as original signatures.					