

No. C 172235

Due no later than March 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTHVIEW MEDICAL CLINIC, P.C.
JEFFREY HARTFORD M.D.
8324 W NORTHVIEW STE 101
BOISE, ID 83704JEFFREY HARTFORD M.D.
8324 W NORTHVIEW STE 101
BOISE, ID 83704**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

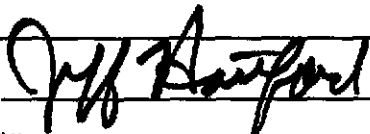
Office heldNameStreet or P.O. AddressCityStateZipOwner JEFF HARTFORD 8324 W NORTHVIEW Boise ID 83704

5. Organized Under the Laws of:

IDAHO
C 172235

6.

Signature



Date

1.13.09

Name (Typed or Printed)

Title

Issued 01/05/2009

Do Not Tape or Staple

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