

No. <b>C 52040</b>	<b>Due no later than Sep 30, 2010</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> MOSCOW MEDICAL, P.A. DONNA GRAUKE 213 NORTH MAIN STREET MOSCOW ID 83843 USA		ANITA I STEARNS 213 N MAIN MOSCOW ID 83843			
			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
TREASURER	JOHN H GRAUKE	213 N MAIN STREET	MOSCOW	ID	USA	83843
SECRETARY	JOHN H GRAUKE	213 N MAIN STREET	MOSCOW	ID	USA	83843
PRESIDENT	JOHN H GRAUKE	213 N MAIN STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID C 52040</b>	6. Annual Report must be signed.* Signature: Donna Grauke Name (type or print): Donna Grauke		Date: 08/10/2010 Title: Office Manager			
Processed 08/10/2010		* Electronically provided signatures are accepted as original signatures.				