No. <b>C 136066</b>		Due no later than Oct 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TOM CRAIS, M.D., P.C.  DIANE VICKERY  PO BOX 2741  315 S RIVER ST  HAILEY ID 83333	THOMAS F CRAIS 315 S RIVER ST HAILEY ID 83333  3. New Registered Agent Signature:*			
4 Corporations: Enter		USA ess Addresses of President, Secretary, and Directors. Treasurer	(ontional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TOM CRAIS	315 S RIVER ST	HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Jaime Scheu	Date: 09/13/2016			
C 136066		Name (type or print): Jaime Scheu	Title: BOOKKEEPER			
rocessed 09/13/2016 * Electronically provided signatures are accepted as original signatures.						