No. C 62047		Due no later than Sep 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE HEART CLINIC PROFESSIONAL ASSOCIATION JAMES W. SMITH JAMES W. SMITH M.D. 11606 CARTWRIGHT ROAD BOISE ID 83714		2. Registered	2. Registered Agent and Address (NO PO BOX) JAMES W SMITH MD 11606 CARTWRIGHT ROAD BOISE ID 83714 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT			11606 CARTWRIGHT ROAD	BOISE	ID	USA	83714	
SECRETARY			11606 CARTWRIGHT ROAD	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 62047		Signature: Jam	D	Date: 07/21/2017				
		Name (type or print): James		Т	Title: President			
W - (82 AR)		20 000	ovided signatures are accepted as original					