

No. C 181394		Due no later than Jan 31, 2016 Annual Report Form		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 RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. VERMON S. ESPLIN, M.D., P.C. VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO ID 83201-4073		VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO ID 83201-4073			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	VERMON S ESPLIN	560 MEMORIAL DR STE B	POCATELLO	ID	USA	83201-4073	
5. Organized Under the Laws of: ID C 181394		6. Annual Report must be signed.* Signature: Vermon Esplin Name (type or print): Vermon Esplin					
		Date: 11/13/2015 Title: Owner					
Processed 11/13/2015 * Electronically provided signatures are accepted as original signatures.							