No. C 206092		Due no later than Jun 30, 2017		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRIAN STORY, M.D. 425 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRIAN STORY, M.D., CHARTERED BRIAN STORY, M.D. 425 W BANNOCK ST BOISE ID 83702		_				
NO FILIN RECEIVED BY	DUE DATE	pass Addresses of	President, Secretary, and Directors. Tre	asurer (on	ional)			
Office Held	Name	iess Addi esses of	Street or PO Address		city	State	Country	Postal Code
PRESIDENT	BRIAN T S	TORY	425 W. BANNOCK ST.		OISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 206092		Signature: Brian Story			Date: 05/23/2017			
		Name (type or print): Brian Story			Title: President			
Processed 05/23/201	7	* Electronically p	ovided signatures are accepted as original	nal signatu	res.			