No. C 164113		Due no later than Dec 31, 2014		2. Re	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		0.000	STEPHEN M MALOFF MD 2240 E. CENTER POCATELLO 83201 3. New Registered Agent Signature:*			
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. STEPHEN M. MALOFF, M.D., P.A. STEPHEN M MALOFF, M.D. PO BOX 4816 POCATELLO ID 83205-4816 USA						
2000 002 10		ess Addresses (of President, Secretary, and Directors. Trea		-			
Office Held	Name		Street or PO Address	City	<i>!</i>	State	Country	Postal Code
SECRETARY	JOAN F. MA	LOFF	2240 E. CENTER	POC	CATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 164113		Signature: Joan F. Maloff			Date: 11/04/2014			
		Name (type or print): Joan F. Maloff			Title: Secretary			
Processed 11/04/201	<u></u>	* Electronically	provided signatures are accepted as origin	al signature	S.			_