

No. C 43599	Due no later than Apr 30, 2015 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. REXBURG MEDICAL CENTER PROFESSIONAL ASSOCIATION C JEFFREY ZOLLINGER 39 PROFESSIONAL PLAZA REXBURG ID 83440		ROHN HOLLMAN 393 E 2 N REXBURG 83440				
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFFERY ZOLLINGER	393 E 2 N	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 43599		6. Annual Report must be signed.* Signature: C Jeffrey Zollinger Name (type or print): C Jeffrey Zollinger					
		Date: 02/17/2015 Title: President					
Processed 02/17/2015 * Electronically provided signatures are accepted as original signatures.							