No. <b>C 192741</b>		Due no later than Nov 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MATTHEW P TRAYNOR MD			
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.		GENERAL DE RESIDENCE DE PORTE DE PARE	3625 CHARLESTON LN IDAHO FALLS 83404			
		MATTHEW P. TRAYNOR, M.D., PA MATTHEW P TRAYNOR MD 3625 CHARLESTON LN						
		IDAHO FALLS ID 83404		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MATTHEW I	P TRAYNOR	3625 CHARLESTON LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mat		Date: 11/04/2014				
C 192741		Name (type or		Title: President				
Processed 11/04/2014		* Electronically pro	ovided signatures are accepted as origina	al signatures.				