No. C 190903		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MACHEN FAMILY MEDICINE P.C. 3500 POTOMAC WAY STE 100 IDAHO FALLS ID 83404		3500 POTOMA IDAHO FALLS	ESTHER MACHEN 3500 POTOMAC WAY STE 200 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*		
700 BR B	Names and Busir	ess Addresses of Pr	esident, Secretary, and Directors. Treasure				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SHANE G M	IACHEN, DO	3500 POTOMAC WAY SUITE 100	IDAHO FALLS	ID	USA	83404-6493
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 190903		Signature: Jerri		Date: 03/08/2018			
		Name (type or p		Title: manager			
Processed 03/08/2018		* Electronically pro	vided signatures are accepted as original si	gnatures.			