No. C 151547	Due	Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Ac	Annual Report Form 1. Mailing Address: Correct in this box if needed. KENNETH J. BRAMWELL, M.D., P.A. KENNETH J BRAMWELL MD 12995 N SCHICKS RIDGE BOISE ID 83714-9454		KENNETH J BRAMWELL MD 12995 N SCHICKS RIDGE BOISE ID 83714-9454 3. <u>New</u> Registered Agent Signature:*			
PO BOX 83720 BOISE, ID 83720-0080	KENNETH J BF 12995 N SCHIC						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses of F	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT KENNE	TH J BRAMWELL	12995 N SCHICKS RIDGE	BOISE	ID	USA	83714-9454	
SECRETARY LORIL	E W BRAMWELL	12995 N SCHICKS RIDGE	BOISE	ID	USA	83714-9454	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
ID	Signature: Ker	Signature: Kenneth J Bramwell			Date: 11/07/2016		
C 151547	Name (type or	Name (type or print): Kenneth J Bramwell			Title: President		
Processed 11/07/2016	* Electronically provided signatures are accepted as original signatures.						