

No. <b>C 144337</b>		<b>Due no later than Jun 30, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SPECIALIZED FAMILY MEDICINE, P.A. JORDAN L. BAILEY, M.D. 151 N. 4TH AVE. SUITE B POCATELLO ID 83201		JORDAN L. BAILEY 2950 RICHARD POCATELLO ID 83201			
				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	JORDAN L. BAILEY, M.D.	151 N. 4TH AVE. SUITE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 144337</b>		Signature: Jordan Bailey, M.D.				Date: 04/29/2013	
		Name (type or print): Jordan Bailey, M.D.				Title: President	
Processed 04/29/2013		* Electronically provided signatures are accepted as original signatures.					