

No. C 191723		Due no later than Jul 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ANTHONY JOSEPH MD PA ANTHONY E JOSEPH 333 N 18TH AVE, STE D1 POCATELLO ID 83201		ANTHONY JOSEPH 333 N 18TH AVE, STE D1 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	ANTHONY E JOSEPH	333 N 18TH AVE, STE D1	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 191723		Signature: Anthony E. Joseph, M.D.				Date: 08/15/2014	
		Name (type or print): Anthony E. Joseph, M.D.				Title: Owner	
Processed 08/15/2014		* Electronically provided signatures are accepted as original signatures.					