No. <b>C 178780</b>		Due no later than Jun 30, 2015		2. F	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JEREMY B HAYMORE MD 1160 SYLVAN CIRCLE BURLEY ID 83318  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HAYMORE MEDICAL SERVICES, PC JEREMY B HAYMORE 1160 SYLVAN CIRCLE BURLEY ID 83318		<b>≒(</b>					
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NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Tre	easurer (opti	ional).				
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code	
PRESIDENT	JEREMY B H	HAYMORE	1160 SYLVAN CIRCLE	Bl	JRLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Repor							
ID		Signature: Jeremy B. Haymore			Date: 05/12/2015				
C 178780		Name (type or print): Jeremy B. Haymore			Title: President				
Processed 05/12/2015	Processed 05/12/2015 * Electronically provided signatures are accepted as original signatures.								