

No. C 161489	Due no later than Jul 31, 2016 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. GARDEN VALLEY FAMILY MEDICINE, PC MICHAEL R KOENIG PO BOX 270 GARDEN VALLEY ID 83622	MICHAEL KOENING MD 856 BANKS LOWMAN RD GARDEN VALLEY ID 83622
		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
PRESIDENT	MIKE KOENIG	856 BANKS LOWMAN ROAD
City	State	Country
GARDEN VALLEY	ID	USA
Postal Code	83622	
5. Organized Under the Laws of: ID C 161489	6. Annual Report must be signed.* Signature: Michael R. Koenig Name (type or print): Michael R. Koenig Date: 08/08/2016 Title: President	
Processed 08/08/2016 * Electronically provided signatures are accepted as original signatures.		