No. C 56275	Due no later than Aug 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARLES P. LAWLESS, M.D., P.A. CHARLES P LAWLESS 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357		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			CHARLES P. LAWLESS M.D. 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357 3. New 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 CHARLES	LAWLESS 1777 EAST CLARK ST	REET STE 310	POCATELLO	ID	USA	83201-3357
5. Organized Under the Laws of: ID C 56275	6. Annual Report must be signed.* Signature: Charles P Lawless		Date: 06/28/2018			
Processed 06/28/2018	Name (type or print): Charles P Lawless Title: President * Electronically provided signatures are accepted as original signatures.					