No. <b>C 160713</b>		Due no later than May 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROB LYONS MD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ROB LYONS, M.D., P.C.  ROBERT A LYONS  3048 S. FOX TROOP PL.  EAGLE ID 83616			3048 S. FOX TROOP PL. EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busine	ess Addresses of Preside	ent, Secretary, and Directors. Treas	surer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY YVETTE L LYONS		YONS	3048 S. FOX TROOP PL.		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert Lyons			Date: 06/20/2018			
C 160713		Name (type or print): Robert Lyons			Title: President			
Processed 06/20/2018 * Electronically provided signatures are accepted as original signatures.								