

No. <b>C 181394</b>	<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> VERMON S. ESPLIN, M.D., P.C. VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO ID 83201-4073 USA		VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO 83201-4073			
			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	VERMON S ESPLIN	560 MEMORIAL DR STE B	POCATELLO	ID	USA	83201-4073
5. Organized Under the Laws of:  <b>ID</b> <b>C 181394</b>	6. Annual Report must be signed.* Signature: VERMON ESPLIN Name (type or print): VERMON ESPLIN		Date: 12/15/2014 Title: OWNER			
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.				