No. **C 68656**	**Due no later than Dec 31, 2015** **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.** THOMAS L. LAWRENCE, M.D., P.A. THOMAS L LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864	THOMAS L LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864 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	THOMAS L LAWRENCE	570 TURTLE ROCK ROAD	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 68656**	Signature: Thomas Lawrence Name (type or print): Thomas Lawrence	Date: 10/17/2015 Title: President

Processed 10/17/2015

* Electronically provided signatures are accepted as original signatures.