No. <b>C 132209</b>		Due no later than Jan 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROBERT C. LOFGRAN, M.D., P.A.  ROBERT C LOFGRAN, M.D., P.A.  ROBERT C LOFGRAN  37 SOUTH 200 EAST  REXBURG 83440  38 New Registered Agent Signature:*  18 New Registered Agent Signature:*		37 SOUTH 20 REXBURG	37 SOUTH 200 EAST			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	LINDA H LOFGRAN ROBERT C LOFGRAN		1299 MORNINGSIDE DR. 1299 MORNINGSIDE DR.	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: R		Date: 11/22/2014				
C 132209		Name (type		Title: President				
Processed 11/22/2014	* Electronically provided signatures are accepted as original signatures.							