No. C 67410 Return to:		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Ag	Registered Agent and Address (NO PO BOX) WINSTON V BEARD			
				A CONTRACTOR OF MANY CONTRACTOR OF THE PROPERTY OF THE PROPERT				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN DIABETES AND OSTEOPOROSIS CENTER PA JARED W ALLEN 2105 CORONADO		2105 CORONADO IDAHO FALLS ID 83404-7495 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83404-7495						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SECRETARY DIRECTOR	JOHN LILJENQUIST VON CROFTS DAVID LILJENQUIST CARL VANCE		3910 WASHINGTON PARKWAY 3910 WASHINGTON PARKWAY 3910 WASHINGTON PARKWAY	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83404 83404 83404	
PRESIDENT			3910 WASHINGTON PARKWAY	IDAHO FALLS	ĪD	USA	83404	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Jared W. Allen			Date: 07/21/2014			
C 67410		Name (type or print): Jared W. Allen			Title: Attorney			
Processed 07/21/2014	_	* Electronically pro	vided signatures are accepted as original si	ignatures.				