

No. C 140056	Due no later than Jul 31, 2018 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.		LUCIE DIMAGGIO MD 1196 HANKINS RD TWIN FALLS ID 83301			
	LUCIE DIMAGGIO, M.D.P.C. LUCIE DIMAGGIO 1196 HANKINS RD NORTH TWIN FALLS ID 83301		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	LUCIE DIMAGGIO	1196 N. HANKINS RD.	TWIN FALLS	ID	USA	83301-8185
5. Organized Under the Laws of: ID C 140056		6. Annual Report must be signed.* Signature: Lucie DiMaggio Name (type or print): Lucie DiMaggio		Date: 06/03/2018 Title: President		
Processed 06/03/2018		* Electronically provided signatures are accepted as original signatures.				