

No. C 140496	Due no later than Aug 31, 2017 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. DR. PARTO PAYAMI, P.A. PARTO PAYAMI 1003 N. ORCHARD BOISE ID 83706		PARTO PAYAMI 2934 N. MOUNTAIN RD BOISE ID 83702			
			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	PARTO PAYAMI	1003 N. ORCHARD	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 140496	6. Annual Report must be signed.* Signature: PARTO PAYAMI Name (type or print): PARTO PAYAMI		Date: 06/21/2017 Title: PRESIDENT			
Processed 06/21/2017		* Electronically provided signatures are accepted as original signatures.				