| No. C 124296 | | Due no later than Jun 30, 2013 | | 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. TIM THURMAN, M.D., P.C. ROBERT T THURMAN 933 S UTAH AVE IDAHO FALLS ID 83402 | | ROBERT T THURMAN 933 S UTAH AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | | asurer (| ontional) | | | |
| Office Held | Name | 1000 / 1001 00000 01 1 | Street or PO Address | asarer (| City | State | Country | Postal Code |
| PRESIDENT | ROBERT T | THURMAN | 933 S UTAH AVE | | IDAHO FALLS | ID | USA | 83402 |
| 5. Organized Under the Laws of: ID | | 6. Annual Report must be signed.* Signature: Zabrina Thurman | | | Date: 06/16/2013 | | | |
| C 124296 | | Name (type or print): Zabrina Thurman | | | Title: Pa-C | | | |
| Processed 06/16/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |