Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct D. ALLEN SHRADER, M.D., P.A. DONALD ALLEN SHRADER 3316 1/2 FOURTH, SUITE 4B	2. Registered Agent and Off DONALD ALLEN 3316 1/2 FOL LEWISTON	N SHRADER JRTH, SUITE ID 83501
Office held Name	LEWISTON ID 83501 Business Addresses of President, Secretary and Directors of Names and Addresses of Managers or Members (Street or P.O. Address	check one)	s of: C 67533
Secretary: Cindy L. Sh. Directors: D. Allen Sh.	rader, M.D. 3316½ 4th Street, Suite 4	D T	83501
5. Signature of New Registered A	Signature Name (Typed or D. Allen Shrader, M.	Date 7/17/9	
ISSUED: 07-03-19	DO NOT TAPE OR STAPLE	Title 11357	1 2